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.

# SA3E Long Form

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

	ACCOUNTING PERIOD COVERED BY THIS STATEME 2019/2	ENT:			
Period					
<b>B</b> Owner	Instructions:         Give the full legal name of the owner of the cable system. If the orrate title of the subsidiary, not that of the parent corporation         List any other name or names under which the owner conducts the lift there were different owners during the accounting period, only to a single statement of account and royalty fee payment covering the end         Check here if this is the system's first filing. If not, enter the system	e business of the cable syste he owner on the last day of t tire accounting perioo	em the accounting period should		34166
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTI Armstrong Utilities, Inc.	EM			
	Amatong oundes, ne.				
				3416	620192
				34166	2019/2
	One Armstrong Place Butler, PA 16001				
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names us names already appear in space B. In line 2, give the mailing add		. ,		
System	1 IDENTIFICATION OF CABLE SYSTEM: Zelienople Head End				
	MAILING ADDRESS OF CABLE SYSTEM:           531 Perry Way PO Box 40           2           (Number, street, rural route, apartment, or suite number)           Zelienople, PA 16063           (City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b.	Identify only the frst comn	nunity served below and re	elist on page	e 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	ZELIENOPLE BORO - BUTLER COUNTY	PA			
Community	Below is a sample for reporting communities if you report mult	iple channel line-ups in S	pace G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	A		1
	Alliance Gering	MD	В		2 3
		MD	В		3

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.

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/27/2020

Area

Served

SYSTEM ID#

34166

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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

**Note:** Entities and properties such as hotels, apartments, condominiums, or mobile 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).

(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.				
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
ZELIENOPLE BORO - BUTLER COUNTY	PA	12	AL	First
ADAMS TWP - BUTLER COUNTY	PA	12	AL	Community
ALLEGHENY TWP - BUTLER COUNTY	PA	19	AQ	
ALLEGHENY TWP - FOREST COUNTY	PA	15	AO	
ALLENPORT BORO - WASHINGTON COUNTY	PA	9	Al	
ALTHOM - WARREN COUNTY	PA	16	AO	See instructions for
AMITY TOWNSHIP - ERIE COUNTY	PA	27	AT	additional information
ANDOVER TWP - ASHTABULA COUNTY	ОН	6	AF	on alphabetization.
ANDOVER VILLAGE - ASHTABULA COUNTY	ОН	6	AF	
ATHALIA BORO - LAWRENCE COUNTY	OH	13	AM	
ATHENS TOWNSHIP - CRAWFORD COUNTY	PA	23	AS	Add rows of possessing
AUSTINTOWN TWP - MAHONING COUNTY	ОН	18	AP	Add rows as necessary.
BAUGHMAN TWP - WAYNE COUNTY	ОН	11	AK	
BEAVER TWP - MAHONING COUNTY	OH	17	AP	
BERLIN TWP - MAHONING COUNTY	ОН	18	AP	
BIG BEAVER BORO - BEAVER COUNTY	PA	12	AL	
BLOOMING GROVE TWP - RICHLAND COUNTY	OH	12	AN	
BLOOMING VALLEY BORO - CRAWFORD COUNTY	PA	14	AS	
BOARDMAN TWP - MAHONING COUNTY	ОН	23	AP	
BOONE COUNTY - LINCOLN COUNTY	WV	17	AH	
BORO OF BARKEYVILLE - VENANGO COUNTY	PA	8	AQ	
BORO OF CALIFORNIA - WASHINGTON COUNTY	PA	20	Al	
BORO OF CAMBRIDGE SPRINGS - CRAWFORD COUNTY	PA	9	AT	
BORO OF ELLWOOD CITY - LAWRENCE COUNTY	PA	27	AL	
BOROUGH OF EDINBORO - ERIE COUNTY	PA	12	AT	
BOROUGH OF TOWNVILLE - CRAWFORD COUNTY	PA	27	AT	
BOROUGH OF VENANGO - CRAWFORD COUNTY	PA	27	AT	
BOROUGH OF WOODCOCK - CRAWFORD COUNTY	PA	27	AT	
BOYD COUNTY - BOYD COUNTY	KY	13	AM	
BRADFORDWOODS BORO - ALLEGHENY COUNTY	PA	12	AL	
BRADY TWP - BUTLER COUNTY	PA	12	AL	
BRADY TWP - BUTLER COUNTY	PA	19	AQ	
BRADYS BEND TWP - ARMSTRONG COUNTY	PA	12	AL	
BRANCH - LINCOLN COUNTY	WV	8	AH	
BRIGHTON TWP - LORAIN COUNTY	ОН	14	AN	
BROKENSTRAW TWP - WARREN COUNTY	PA	16	AO	
BROWNHELM TWP - LORAIN COUNTY	OH	14	AN	
BRUIN BORO - BUTLER COUNTY	PA	12	AL	
BRUNSWICK HILLS TWP - MEDINA COUNTY	OH	10	AJ	
	PA	12		
	PA BA	9	Al	
BUTLER CITY - BUTLER COUNTY	PA BA	12	AL	
BUTLER TWP - BUTLER COUNTY	PA	12	AL	

Area

Served

SYSTEM ID#

34166

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong L	Jtilities, Inc.
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(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.				
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	+
BUTLER TWP - RICHLAND COUNTY	OH	14	AN	First
CABELL COUNTY - CABELL COUNTY	WV	8	AH	Community
CALLENSBURG - CLARION COUNTY	PA	12	AL	
CALLERY BORO - BUTLER COUNTY	PA	12	AL	
CAMBRIDGE TWP - CRAWFORD COUNTY	PA	23	AS	
CAMDEN TWP - LORAIN COUNTY	OH	14	AN	See instructions for
CANAAN TWP - WAYNE COUNTY	OH	14	AN	additional information
CANAL TWP - VENANGO COUNTY	PA	26	AS	on alphabetization.
CANFIELD TWP - MAHONING COUNTY	ОН	17	AP	
CASS TWP - RICHLAND COUNTY	OH	14	AN	
CENTER TWP - BUTLER COUNTY	PA	12	AL	Add rows as necessary.
CENTERVILLE BORO - CRAWFORD COUNTY	PA	16	AO	Aud rows as necessary.
CENTERVILLE BORO - WASHINGTON COUNTY	PA	9	AI	
CHATAM TWP - MEDINA COUNTY	OH	14	AN	
CHERRY TWP - BUTLER COUNTY	PA	12	AL	
CHERRY TWP - BUTLER COUNTY	PA	19	AQ	
CHERRYTREE - VENANGO COUNTY	PA	15	AO	
CHESAPEAKE VILLAGE - LAWRENCE COUNTY	OH	13	AM	
CHESTER TWP - WAYNE COUNTY	OH	14	AN	
CHICORA BORO - BUTLER COUNTY	PA	12	AL	
CHIPPEWA TWP - WAYNE COUNTY	OH	11	AK	
CITY OF ASHLAND - ASHLAND COUNTY	OH	14	AN	
CITY OF CAMPBELL - MAHONING COUNTY	OH	17	AP	
CITY OF CANFIELD - MAHONING COUNTY	OH	18	AP	
CITY OF CATLETTSBURG - BOYD COUNTY	KY	13	AM	
CITY OF CEREDO - WAYNE COUNTY	WV	13	AM	
CITY OF CONNELLSVILLE - FAYETTE COUNTY	PA	9	AI	
CITY OF FLATWOODS - GREENUP COUNTY	KY	1	AA	
CITY OF GREENUP - GREENUP COUNTY	KY	1	AA	
CITY OF KECKSBURG - WESTMORELAND COUNTY	PA	9	Al	
CITY OF KENOVA - WAYNE COUNTY	WV	13	AM	
CITY OF MEADVILLE - CRAWFORD COUNTY	PA	23	AS	
CITY OF WURTLAND - GREENUP COUNTY	KY	1	AA	
CLARKSFIELD TWP - HURON COUNTY	OH	14	AN	
CLAY TWP - BUTLER COUNTY	PA	12	AL	
CLAY TWP - BUTLER COUNTY	PA	19	AQ	
CLEAR CREEK TWP - ASHLAND COUNTY	OH	14	AN	
CLEARFIELD TWP - BUTLER COUNTY	PA	12	AL	
CLINTON TWP - BUTLER COUNTY	PA	12	AL	
CLINTON TWP - VENANGO COUNTY	PA	20	AQ	
CLINTONVILLE BORO - VENANGO COUNTY	PA	20	AQ	
COAL CENTER BORO - WASHINGTON COUNTY	PA	9	AI	
COCHRANTON BORO - CRAWFORD COUNTY	PA	23	AS	

Area

Served

SYSTEM ID#

34166

LEGAL NAME OF OWNER OF CABLE SYSTEM:

# Armstrong Utilities, Inc.

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(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.				
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	_
COITSVILLE TWP - MAHONING COUNTY	ОН	17	AP	First
COLUMBIA TWP - LORAIN COUNTY	OH	10	AJ	Community
CONCORD TWP - BUTLER COUNTY	PA	12	AL	
CONGRESS TWP - WAYNE COUNTY	OH	14	AN	
CONNEAUT LAKE BORO - CRAWFORD COUNTY	PA	23	AS	
CONNEAUT TWP - CRAWFORD COUNTY	PA	23	AS	See instructions for
CONNELLSVILLE TWP - FAYETTE COUNTY	PA	9	AI	additional information
CONNOQUENESSING BORO - BUTLER COUNTY	PA	12	AL	on alphabetization.
CONNOQUENESSING TWP - BUTLER COUNTY	PA	12	AL	
COOLSPRING TWP - MERCER COUNTY	PA	22	AR	
COOPERSTOWN BORO - VENANGO COUNTY	PA	26	AS	
CORNPLANTER TWP - VENANGO COUNTY	PA	15	AO	Add rows as necessary.
CRANBERRY TWP - BUTLER COUNTY	PA	12	AL	
CRANBERRY TWP - VENANGO COUNTY	PA	4	AD	
CROWN CITY BORO - GALLIA COUNTY	OH	13	AM	
CUSSEWAGO TWP - CRAWFORD COUNTY	PA	23	AS	
DALTON VILLAGE - WAYNE COUNTY	OH	11	AK	
DAUGHERTY TWP - BEAVER COUNTY	PA	12	AL	
DEER CREEK TWP - MERCER COUNTY	PA	21	AR	
DEERFIELD TWP - WARREN COUNTY	PA	16	AO	
DODDRIDGE COUNTY - DODDRIDGE COUNTY	WV	7	AG	
DONEGAL TWP - BUTLER COUNTY	PA	12	AL	
DONEGAL TWP - WESTMORELAND COUNTY	PA	9	AI	
DUNBAR BORO - FAYETTE COUNTY	PA	9	Al	
DUNBAR TWP - FAYETTE COUNTY	PA	9	AI	
DUNLEVY BORO - WASHINGTON COUNTY	PA	9	AI	
EAST BRADY BORO - CLARION COUNTY	PA	12	AL	
EAST BUTLER BORO - BUTLER COUNTY	PA	12	AL	
EAST FAIRFIELD TWP - CRAWFORD COUNTY	PA	23	AS	
EAST FALLOWFIELD TWP - CRAWFORD COUNTY	PA	23	AS	
EAST HUNTINGDON TWP - WESTMORELAND COUNTY	PA	23	Al	
EAST LACKAWANOCK TWP - MERCER COUNTY	PA	9	AR	
EAST MEAD TWP - CRAWFORD COUNTY	PA	22	AS	
EAST UNION TWP - WAYNE COUNTY	OH	23	AK	
EAU CLAIRE - BUTLER COUNTY	PA	11	AQ	
ELCO BORO - WASHINGTON COUNTY	PA	19	Al	
ELK CREEK TOWNSHIP - ERIE COUNTY	PA	9	AT	
ELLPORT BORO - LAWRENCE COUNTY	PA	27	AL	
ELLSWORTH TWP - MAHONING COUNTY	OH	12	AP	
EVANS CITY BORO - BUTLER COUNTY	PA	18	AL	
EVERSON BORO - FAYETTE COUNTY	PA	9	Al	
FAIRFIELD TWP - CRAWFORD COUNTY	PA	23	AS	
FAIRVIEW BORO - BUTLER COUNTY	PA	12	AL	

Area

Served

SYSTEM ID#

34166

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong	Utilities, Inc.
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(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.				
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
FAIRVIEW TWP - BUTLER COUNTY	PA	12	AL	First
FAIRVIEW TWP - MERCER COUNTY	PA	21	AR	Community
FARMINGTON - CLARION COUNTY	PA	4	AD	
FAYETTE TWP - LAWRENCE COUNTY	ОН	13	AM	
FINDLEY TWP - MERCER COUNTY	PA	22	AR	
FLORENCE TWP - HURON COUNTY	ОН	14	AN	See instructions for
FORWARD TWP - BUTLER COUNTY	PA	12	AL	additional information
FRANKLIN TOWNSHIP - ERIE COUNTY	PA	27	AT	on alphabetization.
FRANKLIN TOWNSHIP - MORROW COUNTY	ОН	28	AV	
FRANKLIN TWP - BEAVER COUNTY	PA	12	AL	
FRANKLIN TWP - BUTLER COUNTY	PA	12	AL	
FRANKLIN TWP - FAYETTE COUNTY	PA	9	Al	Add rows as necessary.
FRANKLIN TWP - RICHLAND COUNTY	ОН	14	AN	
FRENCHCREEK - MERCER COUNTY	PA	25	AS	
GILEAD TOWNSHIOP - MORROW COUNTY	ОН	28	AV	
GOSHEN TWP - MAHONING COUNTY	ОН	18	AP	
GRAFTON TWP - LORAIN COUNTY	ОН	10	AJ	
GRANGER TWP - MEDINA COUNTY	ОН	10	AJ	
GREEN TWP - ASHLAND COUNTY	ОН	14	AN	
GREEN TWP - FOREST COUNTY	PA	4	AD	
GREEN TWP - MAHONING COUNTY	ОН	17	AP	
GREENE TOWNSHIP - ERIE COUNTY	PA	27	AT	
GREENE TWP - MERCER COUNTY	PA	24	AS	
GREENE TWP - WAYNE COUNTY	ОН	11	AK	
GREENFIELD TOWNSHIP - ERIE COUNTY	PA	27	AT	
GREENUP COUNTY - GREENUP COUNTY	KY	1	AA	
GREENWOOD TWP - CRAWFORD COUNTY	PA	23	AS	
GROVE CITY BORO - MERCER COUNTY	PA	22	AR	
GUILFORD TWP - MEDINA COUNTY	ОН	10	AJ	
GUYAN TWP - GALLIA COUNTY	ОН	13	AM	
HAMPTON TWP - ALLEGHENY COUNTY	PA	12	AL	
HANOVER TOWNSHIP - ASHLAND COUNTY	ОН	14	AN	
HARMONY BORO - BUTLER COUNTY	PA	12	AL	
HARMONY TWP - FOREST COUNTY	PA	15	AO	
HARRISVILLE BORO - BUTLER COUNTY	PA	19	AQ	
HARRISVILLE TWP - MEDINA COUNTY	ОН	14	AN	
HAYESVILLE VILLAGE - ASHLAND COUNTY	ОН	14	AN	
HAYFIELD TWP - CRAWFORD COUNTY	PA	23	AS	
HENRIETTA TWP - LORAIN COUNTY	ОН	14	AN	
HENRY'S BEND - VENANGO COUNTY	PA	15	AO	
HICKORY TWP - FOREST COUNTY	PA	15	AO	
HOMER TWP - MEDINA COUNTY	ОН	14	AN	
HOMEWOOD BORO - BEAVER COUNTY	PA	12	AL	

Area

Served

SYSTEM ID#

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	]
HUBBARD TWP - TRUMBULL COUNTY	ОН	18	AP	First
HUNTINGTON TWP - LORAIN COUNTY	OH	14	AN	Community
HYDETOWN - CRAWFORD COUNTY	PA	16	AO	
IRWIN TWP - VENANGO COUNTY	PA	20	AQ	
JACKSON CENTER - MERCER COUNTY	PA	2	AB	
JACKSON TWP - ASHLAND COUNTY	OH	14	AN	See instructions for
JACKSON TWP - BUTLER COUNTY	PA	12	AL	additional information
JACKSON TWP - MAHONING COUNTY	OH	18	AP	on alphabetization.
JACKSON TWP - MERCER COUNTY	PA	2	AB	
JACKSON TWP - MERCER COUNTY	PA	22	AR	
JACKSON TWP - RICHLAND COUNTY	OH	14	AN	A
JACKSON TWP - VENANGO COUNTY	PA	26	AS	Add rows as necessary.
JAMESTOWN - MERCER COUNTY	PA	24	AS	
JEFFERSON TWP - BUTLER COUNTY	PA	12	AL	
JEFFERSON TWP - FAYETTE COUNTY	PA	9	AI	
JEFFERSON TWP - SOMERSET COUNTY	PA	3	AC	
JENKS TWP - FOREST COUNTY	PA	4	AD	
KARNS CITY BORO - BUTLER COUNTY	PA	12	AL	
KIASHVILLE - WAYNE COUNTY	WV	8	AH	
KINSMAN - TRUMBULL COUNTY COUNTY	OH	5	AE	
KIPTON VILLAGE - LORAIN COUNTY	OH	5	AN	
KNOX TWP - CLARION COUNTY	PA	14	AD	
KOPPEL BORO - BEAVER COUNTY	PA	4	AL	
LAFAYETTE TWP - MEDINA COUNTY	OH	12	AJ	
LAFAYETTE TWP - MEDINA COUNTY	OH	10	AN	
LAGRANGE TOWNSHIP - LORAIN COUNTY	OH	14	AJ	
LAKE TOWNSHIP - HOLMES COUNTY	OH	10	AN	
LAKE TOWNSHIP - MERCER COUNTY	PA	14	AB	
LANCASTER TWP - BUTLER COUNTY	PA	2	AL	
LAWRENCE TWP - LAWRENCE COUNTY	OH	12	AM	
LE BOEUF TWP - ERIE COUNTY	PA	23	AS	
LEBOEUF TOWNSHIP - ERIE COUNTY	PA	27	AT	
LEEPER - CLARION COUNTY	PA	4	AD	
LIBERTY TWP - MERCER COUNTY	PA	22	AR	
LICKING - CLARION COUNTY	PA	12	AL	
LIMESTONE TWP - WARREN COUNTY	PA	16	AO	
LINCOLN COUNTY - LINCOLN COUNTY	WV	8	AH	
LINCOLN TWP - SOMERSET COUNTY	PA	3	AC	
LINESVILLE BORO - CRAWFORD COUNTY	PA	23	AS	
LITCHFIELD TWP - MEDINA COUNTY	OH	10	AJ	
LIVERPOOL TWP - MEDINA COUNTY	OH	10	AJ	
LOGAN COUNTY - LOGAN COUNTY	WV	8	AH	
LONGBRANCH BORO - WASHINGTON COUNTY	PA	9	AI	

Area

Served

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	1
MADISON TWP - RICHLAND COUNTY	OH	14	AN	First
MANSFIELD CITY - RICHLAND COUNTY	OH	14	AN	Community
MARION TWP - BUTLER COUNTY	PA	12	AL	
MARION TWP - BUTLER COUNTY	PA	19	AQ	
MARS BORO - BUTLER COUNTY	PA	12	AL	
MARSHALL TWP - ALLEGHENY COUNTY	PA	12	AL	See instructions for
MARSHALLVILLE - WAYNE COUNTY	ОН	11	AK	additional information
MCDONALD VILLAGE - TRUMBULL COUNTY	ОН	18	AP	on alphabetization.
MEDINA CITY - MEDINA COUNTY	ОН	10	AJ	
MEDINA TWP - MEDINA COUNTY	ОН	10	AJ	
MERCER BORO - MERCER COUNTY	PA	22	AR	
MERCER TWP - BUTLER COUNTY	PA	19	AQ	Add rows as necessary.
MIDDLE CREEK TWP - SOMERSET COUNTY	PA	3	AC	
MIDDLESEX TWP - BUTLER COUNTY	PA	12	AL	
MIFFLIN TWP - ASHLAND COUNTY	ОН	14	AN	
MILFORD - SOMERSET COUNTY	PA	3	AC	
MILL CREEK TWP - MERCER COUNTY	PA	2	AB	
MILL VILLAGE BORO - ERIE COUNTY	PA	23	AS	
MILTON TWP - ASHLAND COUNTY	ОН	14	AN	
MILTON TWP - MAHONING COUNTY	OH	18	AP	
MILTON TWP - WAYNE COUNTY	ОН	11	AK	
MOHICAN TWP - ASHLAND COUNTY	ОН	14	AN	
MONROE TWP - RICHLAND COUNTY	ОН	14	AN	
MONTGOMERY TWP - ASHLAND COUNTY	ОН	14	AN	
MONTVILLE TWP - MEDINA COUNTY	ОН	10	AJ	
MOUNT PLEASANT BORO - WESTMORELAND COUNTY	PA	9	AI	
MOUNT PLEASANT TWP - WESTMORELAND COUNTY	PA	9	AI	
MUDDYCREEK TWP - BUTLER COUNTY	PA	12	AL	
NEW BEAVER BORO - LAWRENCE COUNTY	PA	12	AL	
NEW CENTERVILLE BORO - SOMERSET COUNTY	PA	3	AC	
NEW LEBANON BORO - MERCER COUNTY	PA	2	AB	
NEW LONDON TWP - HURON COUNTY	OH	14	AN	
NEW RUSSIA TWP - LORAIN COUNTY	OH	14	AN	
NEW SEWICKLEY TWP - BEAVER COUNTY	PA	12	AL	
NEW VERNON TWP - MERCER COUNTY	PA	21	AR	
NEW WILMINGTON BORO - LAWRENCE COUNTY	PA	19	AQ	
NEWELL BORO - FAYETTE COUNTY	PA	9	Al	
NORTH BEAVER TWP - LAWRENCE COUNTY	PA	12	AL	
NORTH BLOOMFIELD TOWNSHIP - MORROW COUNTY	OH	28	AV	
NORTH EAST TOWNSHIP - ERIE COUNTY	PA	27	AT	
NORTH SEWICKLEY TWP - BEAVER COUNTY	PA	12	AL	
NORTH SHENANGO TWP - CRAWFORD COUNTY	PA	23	AS	
NORTH UNION TWP - FAYETTE COUNTY	PA	9	AI	1

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
OAKLAND TWP - BUTLER COUNTY	PA	12	AL	First
OAKLAND TWP - VENANGO COUNTY	PA	15	AO	Community
OBERLIN CITY - LORAIN COUNTY	ОН	14	AN	
OIL CREEK - VENANGO COUNTY	PA	15	AO	
ORANGE TWP - ASHLAND COUNTY	ОН	14	AN	
ORRVILLE - WAYNE COUNTY	OH	11	AK	See instructions for
OTTER CREEK TWP - MERCER COUNTY	PA	21	AR	additional information
PAINT - CLARION COUNTY	PA	4	AD	on alphabetization.
PAINT TOWNSHIP - WAYNE COUNTY	ОН	11	AK	
PARKER TWP - BUTLER COUNTY	PA	12	AL	
PENFIELD TWP - LORAIN COUNTY	ОН	10	AJ	Add rows as possessary
PENFIELD TWP - LORAIN COUNTY	OH	14	AN	Add rows as necessary.
PENN TWP - BUTLER COUNTY	PA	12	AL	
PENNSBORO - RITCHIE COUNTY	WV	7	AG	
PERRY TOWNSHIP - ASHLAND COUNTY	OH	14	AN	
PERRY TOWNSHIP - MORROW COUNTY	OH	28	AV	
PERRY TWP - ARMSTRONG COUNTY	PA	12	AL	
PERRY TWP - ASHLAND COUNTY	ОН	14	AN	
PERRY TWP - LAWRENCE COUNTY	PA	12	AL	
PERRY TWP - LAWRENCE COUNTY	ОН	13	AM	
PERRY TWP - MERCER COUNTY	PA	21	AR	
PETROLIA BORO - BUTLER COUNTY	PA	12	AL	
PINE GROVE TWP - VENANGO COUNTY	PA	4	AD	
PINE TWP - ALLEGHENY COUNTY	PA	12	AL	
PINE TWP - CRAWFORD COUNTY	PA	23	AS	
PINE TWP - MERCER COUNTY	PA	22	AR	
PITTSFIELD TOWNSHIP - LORAIN COUNTY	ОН	10	AJ	
PITTSFIELD TWP - LORAIN COUNTY	ОН	14	AN	
PLAIN GROVE TWP - LAWRENCE COUNTY	PA	19	AQ	
PLAIN TWP - WAYNE COUNTY	ОН	14	AN	
PLEASANT TWP - WARREN COUNTY	PA	16	AO	
PLEASANTS COUNTY - PLEASANTS COUNTY	WV	7	AG	
PLEASANTVILLE - VENANGO COUNTY	PA	15	AO	
PLUM TWP - VENANGO COUNTY	PA	15	AO	
PLUMER - VENANGO COUNTY	PA	15	AO	
POLAND TWP - MAHONING COUNTY	ОН	17	AP	
POLAND VILLAGE - MAHONING COUNTY	ОН	17	AP	
PORTERSVILLE BORO - BUTLER COUNTY	PA	12	AL	
PRESIDENT - VENANGO COUNTY	PA	4	AD	
PRESIDENT TWP - VENANGO COUNTY	PA	15	AO	
PROCTORVILLE VILLAGE - LAWRENCE COUNTY	ОН	13	AM	
PROSPECT BORO - BUTLER COUNTY	PA	12	AL	
RANDOLPH TWP - CRAWFORD COUNTY	PA	23	AS	

Area

Served

SYSTEM ID#

34166

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong	Utilities,	Inc.
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(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b	elow.			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
RANGER - LINCOLN COUNTY	WV	8	AH	First
RICHLAND TWP - ALLEGHENY COUNTY	PA	12	AL	Community
RICHMOND TOWNSHIP - CRAWFORD COUNTY	PA	27	AT	
RICHMOND TWP - ASHTABULA COUNTY	ОН	6	AF	
RICHMOND TWP - CRAWFORD COUNTY	PA	23	AS	
RITCHIE COUNTY - RITCHIE COUNTY	WV	7	AG	See instructions for
ROCHESTER TWP - LORAIN COUNTY	ОН	14	AN	additional information
ROCHESTER VILLAGE - LORAIN COUNTY	ОН	14	AN	on alphabetization.
ROCKDALE TOWNSHIP - CRAWFORD COUNTY	PA	27	AT	
ROCKLAND TWP - VENANGO COUNTY	PA	20	AQ	
ROCKMERE - NO SUBS COUNTY	PA	4	AD	
ROME TOWNSHIP - CRAWFORD COUNTY	PA	23	AS	Add rows as necessary.
ROME TWP - CRAWFORD COUNTY	PA	16	AO	
ROME TWP - LAWRENCE COUNTY	ОН	13	AM	
ROSCOE BORO - WASHINGTON COUNTY	PA	9	AI	
RUGGLES TWP - ASHLAND COUNTY	ОН	14	AN	
S CONNELLSVILLE BORO - FAYETTE COUNTY	PA	9	AI	
S SHENANGO TWP - CRAWFORD COUNTY	PA	23	AS	
SADSBURY TWP - CRAWFORD COUNTY	PA	23	AS	
SAEGERTOWN BORO - CRAWFORD COUNTY	PA	23	AS	
SALT LICK TWP - FAYETTE COUNTY	PA	3	AC	
SALT LICK TWP - FAYETTE COUNTY	PA	9	Al	
SANDY CREEK TWP - MERCER COUNTY	PA	21	AR	
SANDY LAKE BORO - MERCER COUNTY	PA	2	AB	
SANDY LAKE TWP - MERCER COUNTY	PA	2	AB	
SAXONBURG BORO - BUTLER COUNTY	PA	12	AL	
SCOTTDALE BORO - WESTMORELAND COUNTY	PA	9	AI	
SEVEN FIELDS BORO - BUTLER COUNTY	PA	12	AL	
SHARON TOWNSHIP - MEDINA COUNTY	OH	10	AJ	
SHEAKLEYVILLE BORO - MERCER COUNTY	PA	21	AR	
SHENANGO TWP - LAWRENCE COUNTY	PA	12	AL	
SLIPPERY ROCK BORO - BUTLER COUNTY	PA	19	AQ	
SLIPPERY ROCK TWP - BUTLER COUNTY	PA	19	AQ	
SLIPPERY ROCK TWP - LAWRENCE COUNTY	PA	12	AL	
SMITH TWP - MAHONING COUNTY	OH	18	AP	
SMITHBURG - DODDRIDGE COUNTY	WV	7	AG	
SOMERSET - SOMERSET COUNTY	PA	3	AC	
SOMERSET 7 SPRINGS NEW - SOMERSET COUNTY	PA	3	AC	
SOUTH HUNTINGDON TWP - WESTMORELAND COUNTY	PA	9	AI	
SOUTH POINT VILLAGE - LAWRENCE COUNTY	OH	13	AM	
SOUTH SHENANGO TWP - CRAWFORD COUNTY	PA	23	AS	
SOUTHWEST TWP - WARREN COUNTY	PA	16	AO	
SPENCER TWP - MEDINA COUNTY	OH	10	AJ	

Area

Served

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34166

LEGAL NAME OF OWNER OF CABLE SYSTEM:

# Armstrong Utilities, Inc.

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	]
SPENCER TWP - MEDINA COUNTY	ОН	14	AN	First
SPRINGFIELD TWP - FAYETTE COUNTY	PA	9	AI	Community
SPRINGFIELD TWP - MAHONING COUNTY	ОН	17	AP	
SPRINGFIELD TWP - MERCER COUNTY	PA	22	AR	
SPRINGFIELD TWP - RICHLAND COUNTY	OH	14	AN	
STEUBEN TOWNSHIP - CRAWFORD COUNTY	PA	27	AT	See instructions for
STEUBEN TWP - CRAWFORD COUNTY	PA	16	AO	additional information
STEUBEN TWP - CRAWFORD COUNTY	PA	23	AS	on alphabetization.
STOCKDALE BORO - WASHINGTON COUNTY	PA	9	AI	
STONEBORO BORO - MERCER COUNTY	PA	2	AB	
SUGAR GROVE TWP - MERCER COUNTY	PA	22	AR	Add rows as necessary.
SUGARCREEK - ARMSTRONG COUNTY	PA	12	AL	Add Tows as necessary.
SUGARCREEK BORO - VENANGO COUNTY	PA	26	AS	
SUGARCREEK TWP - WAYNE COUNTY	OH	11	AK	
SULLIVAN TWP - ASHLAND COUNTY	OH	14	AN	
SUMMERHILL TWP - CRAWFORD COUNTY	PA	16	AO	
SUMMIT TWP - BUTLER COUNTY	PA	12	AL	
SUMMIT TWP - CRAWFORD COUNTY	PA	23	AS	
TAYLOR TWP - LAWRENCE COUNTY	PA	12	AL	
TIDIOUTE - WARREN COUNTY	PA	16	AO	
TIONESTA BORO - FOREST COUNTY	PA	4	AD	
TIONESTA TWP - FOREST COUNTY	PA	4	AD	
TITUSVILLE CITY - CRAWFORD COUNTY	PA	16	AO	
TOWN OF CAIRO - RITCHIE COUNTY	WV	7	AG	
TOWN OF ELLENBORO - RITCHIE COUNTY	WV	7	AG	
TOWN OF HAMLIN - LINCOLN COUNTY	WV	8	AH	
TOWN OF HARRISVILLE - RITCHIE COUNTY	WV	7	AG	
TOWN OF WEST HAMLIN - LINCOLN COUNTY	WV	8	AH	
TOWNSHIP OF CAMBRIDGE - CRAWFORD COUNTY	PA	27	AT	
TOWNSHIP OF MCKEAN - ERIE COUNTY	PA	27	AT	
TOWNVILLE - CRAWFORD COUNTY	PA	23	AS	
TREESDALE - ALLEGHENY COUNTY	PA	12	AL	
TRIUMPH TWP - WARREN COUNTY	PA	16	AO	
TROY TOWNSHIP - ASHLAND COUNTY	OH	14	AN	
TROY TOWNSHIP - MORROW COUNTY	OH	28	AV	
TROY TWP - ASHLAND COUNTY	OH	14	AN	
TROY TWP - CRAWFORD COUNTY	PA	16	AO	
	PA	23	AS	
	OH	13	AM	
UPPER TURKEYFOOT - SOMERSET COUNTY	PA	3	AC	
UPPER TYRONE TWP - FAYETTE COUNTY	PA	9	Al	
UTICA BORO - VENANGO COUNTY	PA	26	AS	
VALENCIA BORO - BUTLER COUNTY	PA	12	AL	

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
VANDERBILT BORO - FAYETTE COUNTY	PA	9	AI	First
VENANGO TOWNSHIP - CRAWFORD COUNTY	PA	27	AT	Community
VENANGO TWP - BUTLER COUNTY	PA	12	AL	
VENANGO TWP - BUTLER COUNTY	PA	19	AQ	
VENANGO TWP - ERIE COUNTY	PA	23	AS	
VERMILLION TWP - ASHLAND COUNTY	OH	14	AN	See instructions for
VERNON TWP - CRAWFORD COUNTY	PA	23	AS	additional information
VERNON TWP - TRUMBULL COUNTY COUNTY	OH	5	AE	on alphabetization.
VICTORY TWP - VENANGO COUNTY	PA	19	AQ	
VOLANT BORO - LAWRENCE COUNTY	PA	19	AQ	
W SHENANGO TWP - CRAWFORD COUNTY	PA	23	AS	
WAKEMAN TWP - HURON COUNTY	OH	14	AN	Add rows as necessary.
WAMPUM BORO - LAWRENCE COUNTY	PA	12	AL	
WASHINGTON - CLARION COUNTY	PA	4	AD	
WASHINGTON TOWNSHIP - ERIE COUNTY	PA	27	AT	
WASHINGTON TOWNSHIP - MORROW COUNTY	OH	28	AV	
WASHINGTON TWP - BUTLER COUNTY	PA	12	AL	
WASHINGTON TWP - LAWRENCE COUNTY	PA	19	AQ	
WASHINGTON TWP - RICHLAND COUNTY	OH	14	AN	
WATERFORD TOWNSHIP - ERIE COUNTY	PA	27	AT	
WATSON TWP - WARREN COUNTY	PA	16	AO	
WATTSBURG BORO - ERIE COUNTY	PA	23	AS	
WAYNE TWP - CRAWFORD COUNTY	PA	23	AS	
WAYNE TWP - LAWRENCE COUNTY	PA	12	AL	
WEATHERSFIELD TWP - TRUMBULL COUNTY	OH	18	AP	
WELLER TWP - RICHLAND COUNTY	OH	14	AN	
WELLINGTON TOWNSHIP - LORAIN COUNTY	OH	10	AJ	
WELLINGTON TWP - LORAIN COUNTY	OH	14	AN	
WEST BROWNSVILLE BORO - WASHINGTON COUNTY	PA	9	AI	
WEST DEER TWP - ALLEGHENY COUNTY	PA	12	AL	
WEST FALLOWFIELD TWP - CRAWFORD COUNTY	PA	23	AS	
WEST FRANKLIN TWP - ARMSTRONG COUNTY	PA	12	AL	
WEST LIBERTY BORO - BUTLER COUNTY	PA	19	AQ	
WEST MEAD TWP - CRAWFORD COUNTY	PA	23	AS	
WEST PIKE RUN TWP - WASHINGTON COUNTY	PA	9	Al	
WEST SALEM TWP - MERCER COUNTY	PA	24	AS	
WEST SUNBURY BORO - BUTLER COUNTY	PA	12	AL	
WEST UNION - DODDRIDGE COUNTY	WV	7	AG	
WEST VIRGINIA RURAL - WAYNE COUNTY	WV	13	AM	
WILLIAMSFORD TWP - ASHTABULA COUNTY	OH	6	AF	
WINDSOR TWP - LAWRENCE COUNTY	OH	13	AM	
WINFIELD TWP - BUTLER COUNTY	PA	12	AL	
WOLF CREEK TWP - MERCER COUNTY	PA	22	AR	

Area

Served

SYSTEM ID#

34166

FORM	SA3E.	PAGE	1b.
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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	ļ
WOODCOCK TOWNSHIP - CRAWFORD COUNTY	PA	27	AT	First
WOODCOCK TWP - CRAWFORD COUNTY	PA	23	AS	Community
WORTH TWP - BUTLER COUNTY	PA	12	AL	
WORTH TWP - BUTLER COUNTY	PA	19	AQ	
WORTH TWP - MERCER COUNTY	PA	2	AB	
WORTHINGTON TWP - RICHLAND COUNTY	OH	14	AN	See instructions for
YORK TWP - MEDINA COUNTY	OH	10	AJ	additional information
				on alphabetization.
				Add rows as necessary.
				,

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:								S	SYSTEM
Name	Armstrong Utilities, Inc	•									34′
Е	SECONDARY TRANSMISSION										
E	In General: The information in s										
Secondary	system, that is, the retransmission										
Secondary Transmission	about other services (including plast day of the accounting period							stbei	lnose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot							the ca	ble svstem	. broken	
scribers and	down by categories of secondar										
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	numl	ber of	persons	or org	anizations		
	separately for the particular serv										
	Rate: Give the standard rate of unit in which it is generally billed										
	category, but do not include disc					anuaro	l fate va	nation	s within a j		
	Block 1: In the left-hand block					f seco	ndary tra	ansmis	sion servi	e that cable	
	systems most commonly provide										
	that applies to your system. Not										
	categories, that person or entity										
	subscriber who pays extra for ca						in the co	unt ur	ider "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system						ervice th	nat are	different f	rom those	
	printed in block 1 (for example, t	-		•							
	with the number of subscribers a										
	sufficient.										
	BL	DCK 1							BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE		CATE	GORY C	)F SFI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:										
	Service to first set	15	7,090	\$ 33.45							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S						
E	In General: Space F calls for ra	te (not subscrib	per) info	ormation with re	espect	t to all	your cat	ole sys	stem's serv	ices that were	
Г	not covered in space E, that is, t										
Services	service for a single fee. There al furnished at cost or (2) services										
Other Than	amount of the charge and the ur										
			abaany	billou. Il ully l	a.00 a		ingou on	a van		ogram saolo,	
Secondary	enter only the letters "PP" in the	rate column.		-							
ransmissions:	Block 1: Give the standard ra	te charged by t									
	Block 1: Give the standard ra Block 2: List any services tha	te charged by t t your cable sys	stem fu	rnished or offe	ed du	uring th	ne accou	nting	period that		
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	te charged by t t your cable sys separate charg	stem fu je was i	rnished or offe made or establ	ed du	uring th	ne accou	nting	period that		
ransmissions:	Block 1: Give the standard ra Block 2: List any services that	te charged by t t your cable sys separate charg otion and incluc	stem fu je was i le the ra	rnished or offe made or establ	ed du	uring th	ne accou	nting	period that	e form of a	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	te charged by t t your cable sys separate charg otion and includ BLOO	stem fu le was i le the ra CK 1	rnished or offe made or establ ate for each.	ed du ished.	uring th . List t	hese oth	nting   er ser	period that vices in the	e form of a BLOCK 2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by t t your cable sys separate charg otion and incluc	stem fu le was i le the ra CK 1 CATEC	rnished or offe made or establ ate for each. GORY OF SEF	ed du ished.	uring th . List t	ne accou	nting   er ser	period that vices in the	e form of a	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable sys separate charg otion and includ BLO( RATE	stem fu le was i de the ra CK 1 CATE( Install	rnished or offe made or establ ate for each. GORY OF SEF ation: Non-res	ed du ished.	uring th . List t	hese oth	nting   er ser	period that vices in the	e form of a BLOCK 2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by t t your cable sys separate charg otion and includ BLO( RATE \$ 20.95	stem fu le was i de the ra CK 1 CATEC Install • Mc	rnished or offe made or establ ate for each. GORY OF SEF ation: Non-res	ed du ished.	uring th . List t	hese oth	nting   er ser	period that vices in the	e form of a BLOCK 2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	te charged by t t your cable sys separate charg otion and includ BLO( RATE	stem fu le was i CK 1 CATEC Install • Mc • Co	rnished or offe made or establ ate for each. GORY OF SEF ation: Non-resoltel, hotel mmercial	ed du ished.	uring th . List t	hese oth	nting   er ser	period that vices in the	e form of a BLOCK 2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable sys separate charg otion and includ BLO( RATE \$ 20.95	stem fu le was i de the ra CK 1 CATEC Install • Mo • Co • Pa	rnished or offe made or establ ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable	red du ished. <u>RVICE</u> sident	uring th . List th tial	hese oth	nting   er ser	period that vices in the	e form of a BLOCK 2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by t t your cable sys separate charg otion and includ BLO( RATE \$ 20.95	stem fu le was i de the ra CK 1 CATEC Install • Mo • Co • Pa • Pa	rnished or offe made or establ ate for each. GORY OF SEF ation: Non-res otel, hotel mmercial y cable y cable-add'l c	red du ished. <u>RVICE</u> sident	uring th . List th tial	hese oth	nting   er ser	period that vices in the	e form of a BLOCK 2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	te charged by t t your cable sys separate charg otion and includ BLO( RATE \$ 20.95	stem fu le was i de the ra- CK 1 CATE( Install • Mo • Co • Pa • Pa • Fin	rnished or offe made or establ ate for each. GORY OF SEF ation: Non-res otel, hotel mmercial y cable y cable add'l c e protection	red du ished. <u>RVICE</u> sident	uring th . List th tial	hese oth	nting   er ser	period that vices in the	e form of a BLOCK 2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	te charged by t t your cable sys separate charg otion and includ BLO( RATE \$ 20.95	stem fu le was i de the ra- CK 1 CATE( Install • Mc • Co • Pa • Pa • Fin • Bu	rnished or offe made or establ ate for each. GORY OF SEF ation: Non-res otel, hotel mmercial y cable y cable-add'l c e protection rglar protectior	red du ished. <u>RVICE</u> sident	uring th . List th tial	hese oth	nting   er ser	period that vices in the	e form of a BLOCK 2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sys separate charg otion and includ BLO( RATE \$ 20.95	stem fu le was i de the ri- CK 1 CATE( Install • Mc • Co • Pa • Pa • Fin • Bu Other	rnished or offe made or establ ate for each. GORY OF SEF ation: Non-res- otel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services:	red du ished. <u>RVICE</u> sident	uring th . List th tial	RAT	nting   er ser E	period that vices in the	e form of a BLOCK 2	
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	VNER OF CABLE S	YSTEM:			SYSTEM ID#	
Armstrong Ut	ilities, Inc.				34166	Name
RIMARY TRANSMIT	TERS: TELEVISIO	NC				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), substitute program b	e system during t ations in effect or 76.61(e)(2) and ( asis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie ne carriage of cert 1(e)(2) and (4))]; a	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
basis under specifc F	-CC rules, regula	ations, or auth	norizations:	,,,	, , , , , , , , , , , , , , , , , , , ,	relevision
station was carrie • List the station here basis. For further in the paper SA3	d only on a subs e, and also in spa information conc form.	titute basis. ace I, if the sta cerning substi	ation was carried tute basis station	d both on a substi ns, see page (v) c	ent and Program Log)—if the tute basis and also on some other of the general instructions located	
each multicast strear	m associated wit	h a station ac	cording to its ov	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
WETA-simulcast).			•	,	h stream separately; for example	
					ion for broadcasting over-the-air in may be different from the channel	
on which your cable	system carried th	ne station.		<b>U</b>	ependent station, or a noncommercial	
educational station, t	by entering the le	etter "N" (for n	etwork), "N-M" (	for network multic	cast), "I" (for independent), "I-M"	
(for independent mul For the meaning of tl	<i>,,</i> (		,,	``	ommercial educational multicast). he paper SA3 form.	
Column 4: If the	station is outside	the local ser	vice area, (i.e. "o	distant"), enter "Ye	es". If not, enter "No". For an ex-	
planation of local ser					e paper SA3 form. stating the basis on which your	
•			•	•	tering "LAC" if your cable system	
carried the distant st	•					
For the retransmi			com that is not a	subject to a revalt		
					/ payment because it is the subject	
of a written agreeme	nt entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	stem or an association representing	
of a written agreeme the cable system and	nt entered into o d a primary trans	n or before Ju mitter or an a	une 30, 2009, be ssociation repre	etween a cable sy senting the prima		
of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these	nt entered into o d a primary trans r simulcasts, als three categories	n or before Ju mitter or an a o enter "E". If , see page (v	une 30, 2009, be ssociation repre you carried the ) of the general	etween a cable sy senting the prima channel on any o instructions locate	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
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LEGAL NAME OF O	WNER OF CABLE S	YSTEM:			SYSTEM ID#	
Armstrong U					34166	Name
PRIMARY TRANSMI		ON				
			· · ·		and low power television stations)	G
•••	• •			. ,	ed only on a part-time basis under ain network programs [sections	0
•				•	and (2) certain stations carried on a	Primary
substitute program	· ·					Transmitters:
basis under specifc				s carried by your o	cable system on a substitute program	Television
• Do not list the stat		G—but do lis		e Special Statem	ent and Program Log)—if the	
<ul> <li>List the station her</li> </ul>	re, and also in spa	ace I, if the sta			tute basis and also on some other	
basis. For furthe in the paper SA3		erning substi	tute basis statio	ns, see page (v) o	f the general instructions located	
		sign. Do not	report originatio	n program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi-	
cast stream as "WE NETA-simulcast).	TA-2". Simulcast	streams mus	t be reported in	column 1 (list eac	h stream separately; for example	
	the channel num	ber the FCC I	nas assigned to	the television stat	ion for broadcasting over-the-air in	
,		,	annel 4 in Wash	ington, D.C. This	may be different from the channel	
on which your cable Column 3: Indic	,		tation is a netwo	ork station. an ind	ependent station, or a noncommercial	
educational station,	by entering the le	etter "N" (for n	etwork), "N-M" (	for network multion	ast), "I" (for independent), "I-M"	
	, ,		,	•	ommercial educational multicast).	
					he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local se	ervice area, see p	age (v) of the	general instruct	ions located in the	e paper SA3 form.	
•			•	•	stating the basis on which your	
cable system carrie carried the distant s		•	0.		tering "LAC" if your cable system capacity.	
	•				/ payment because it is the subject	
				• • •		
of a written agreem	ent entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	stem or an association representing	
of a written agreem the cable system ar	ent entered into o nd a primary trans	n or before Ju mitter or an a	une 30, 2009, be ssociation repre	etween a cable sy senting the prima	stem or an association representing ry transmitter, enter the designa-	
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	WNER OF CABLE S	YSTEM:			SYSTEM ID#	Nama
Armstrong U	Itilities, Inc.				34166	Name
PRIMARY TRANSMI	TTERS: TELEVISIO	NC				
carried by your cab FCC rules and regu 76.59(d)(2) and (4)	le system during t ilations in effect of , 76.61(e)(2) and (	he accounting n June 24, 19 (4), or 76.63 (i	g period, except 81, permitting th referring to 76.6	t (1) stations carri ne carriage of cer	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G
substitute program Substitute Basi				s carried by your	cable system on a substitute program	Transmitters: Television
oasis under specifo	FCC rules, regula	ations, or auth	norizations:			Television
	tion here in space led only on a subs		t it in space I (th	ne Special Statem	ent and Program Log)—if the	
List the station he	re, and also in spa	ace I, if the sta			tute basis and also on some other	
in the paper SA		erning substi	tute basis statio	ns, see page (v) o	of the general instructions located	
Column 1: List	each station's call	-	•		es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- h stream separately; for example	
VETA-simulcast).			·			
			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable	e system carried th	ne station.		0		
				,	ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
for independent m	ulticast), "E" (for n	oncommercia	l educational), o	or "E-M" (for nonc	ommercial educational multicast).	
					he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local se	ervice area, see pa	age (v) of the	general instruct	tions located in th	e paper SA3 form.	
•			•	-	stating the basis on which your tering "LAC" if your cable system	
carried the distant		•	• •		<b>°</b>	
					y payment because it is the subject	
of a Written oareem	ent entered into o	n or before .ll	ine 30 2009 he			
-					stem or an association representing	
the cable system ai tion "E" (exempt). F	nd a primary trans or simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	esenting the prima channel on any c	ry transmitter, enter the designa- ther basis, enter "O." For a further	
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LEGAL NAME OF C	OWNER OF CABLE S	YSTEM:			SYSTEM ID#	
Armstrong L	Jtilities, Inc.				34166	Name
PRIMARY TRANSM	ITTERS: TELEVISIO	N				
					s and low power television stations)	C
	, ,			• •	ed only on a part-time basis under	G
					ain network programs [sections and (2) certain stations carried on a	Primary
substitute program		· · · · ·	•	(0)(2) and (1))],		Transmitters:
				s carried by your	cable system on a substitute program	Television
basis under specifo Do not list the sta				e Special Statem	ent and Program Log)—if the	
	ied only on a subs					
					tute basis and also on some other	
in the paper SA		erning subsu	lute basis statio	ns, see page (v) o	of the general instructions located	
		sign. Do not	report origination	n program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
NETA-simulcast).	- TA-2 . Simulcast	streams mus	t be reported in o	column i (list eac	in stream separately, for example	
Column 2: Give					ion for broadcasting over-the-air in	
			annel 4 in Wash	nington, D.C. This	may be different from the channel	
on which your cable Column 3: Indic			tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
educational station	, by entering the le	etter "N" (for n	etwork), "N-M" (	for network multion	cast), "I" (for independent), "I-M"	
· ·	<i>/·</i>		, ·	•	ommercial educational multicast).	
					he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local s	ervice area, see p	age (v) of the	general instruct	ions located in th	e paper SA3 form.	
•			•	•	stating the basis on which your	
capie system carrie		0	υ.		tering "LAC" if your cable system capacity.	
	•				/ payment because it is the subject	
of a written agreem	nent entered into o	n or before Ju	une 30, 2009, be	etween a cable sv	stem or an association representing	
				•		
•		mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-	
tion "E" (exempt). F	or simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	esenting the prima channel on any o		
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LEGAL NAME OF OW	NER OF CABLE S	YSTEM:			SYSTEM ID#	News
Armstrong Uti	ilities, Inc.				34166	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	NC				
carried by your cable FCC rules and regula	system during t itions in effect o	he accounting n June 24, 19	g period, except 81, permitting th	: (1) stations carri ne carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba	asis, as explaine	ed in the next	paragraph.	( )( )	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
	n here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
	, and also in spa information cond	ace I, if the sta			tute basis and also on some other of the general instructions located	
<b>Column 1:</b> List ea each multicast strean	ch station's call n 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-	
WETA-simulcast).			·	,	h stream separately; for example ion for broadcasting over-the-air in	
on which your cable s	system carried t	he station.		0	may be different from the channel ependent station, or a noncommercial	
educational station, b	y entering the le	etter "N" (for n	etwork), "N-M" (	for network multi	cast), "I" (for independent), "I-M"	
(for independent mult For the meaning of th	<i>/</i> · (		· · ·	``	ommercial educational multicast). he paper SA3 form.	
Column 4: If the s	station is outside	the local ser	vice area, (i.e. "o	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local serv Column 5: If you l		• • •	•		e paper SA3 form. stating the basis on which your	
•		•	0.		tering "LAC" if your cable system	
carried the distant sta For the retransmis	•				capacity. y payment because it is the subject	
of a written agreemer					stem or an association representing	
of a written agreemer the cable system and	l a primary trans	mitter or an a	ssociation repre	senting the prima	stem or an association representing any transmitter, enter the designa-	
of a written agreemer the cable system and tion "E" (exempt). For explanation of these t	l a primary trans r simulcasts, als three categories	mitter or an a o enter "E". If , see page (v	ssociation repre you carried the ) of the general	esenting the prima channel on any c instructions locate	stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
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# D: 2019/2

					ΑርርΟΙΙΝΤ	ING PERIOD: 2019
FORM SA3E. PAGE 3.						
LEGAL NAME OF OW	NER OF CABLE SY	/STEM:			SYSTEM ID#	Nama
Armstrong Uti	lities, Inc.				34166	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	DN .				
carried by your cable FCC rules and regular 76.59(d)(2) and (4), 74 substitute program ba <b>Substitute Basis</b> basis under specifc F( • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for <b>Column 1:</b> List ear cach multicast stream cast stream as "WETA WETA-simulcast). <b>Column 2:</b> Give th its community of licen on which your cable s <b>Column 3:</b> Indicate educational station, by (for independent multi For the meaning of the <b>Column 5:</b> If you here cable system carried the carried the distant star For the retransmiss of a written agreement the cable system and tion "E" (exempt). For	system during t tions in effect or 6.61(e)(2) and ( isis, as explaine <b>Stations:</b> With I CC rules, regula n here in space I only on a subs and also in spa- nformation conco- orm. ch sation's call associated with A-2". Simulcast e channel numi se. For example ystem carried the in each case w y entering the le (cast), "E" (for n ese terms, see tation is outside tice area, see pa- nave entered "Y the distant statid ton on a part-til sion of a distant t entered into o a primary trans simulcasts, also	he accounting h June 24, 194 4), or 76.63 (r d in the next prespect to any titons, or auth G—but do list titute basis. ace I, if the sta- erning substit sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha- ter "N" (for mo- page (v) of the the local serv- the local serv- the local serv- age (v) of the es" in column on during the a- multicast stre- n or before Ju- mitter or an as- ponter "E". If	a period, except 81, permitting the referring to 76.6 paragraph. 7 distant stations orizations: 1 it in space I (the 1 it in space I (the) 1 it in space I (the)	(1) stations carrie the carriage of cert 1(e)(2) and (4))]; a s carried by your of the Special Statem d both on a substi- ns, see page (v) of the program service er-the-air designal column 1 (list eac the television stat ington, D.C. This with station, an inder for network multion or "E-M" (for nonco- ctions located in the mplete column 5, od. Indicate by en- ictivated channel subject to a royalty etween a cable sy senting the prima channel on any o	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
			,		y to which the station is licensed by the n which the station is identifed.	
Note: If you are utilizin				•		
		CHANN	EL LINE-UP	AC		1
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	
WTAJ-HD	32.1	I-M			Altoona, PA	
WWCP-DT2-HD	23.2	I			Johnstown, PA	1

.... .....

LEGAL NAME OF U	WNER OF CABLE S	YSTEM:			SYSTEM ID#	Name
Armstrong U	Itilities, Inc.				34166	Name
PRIMARY TRANSMI	TTERS: TELEVISIO	N				
carried by your cab FCC rules and regu 76.59(d)(2) and (4),	le system during t llations in effect o , 76.61(e)(2) and (	he accounting n June 24, 19 (4), or 76.63 (	g period, except 81, permitting th referring to 76.6	t (1) stations carriented to a carriented to a carriage of cert	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program Substitute Basi				s carried by your	cable system on a substitute program	Transmitters Television
oasis under specifc	FCC rules, regula	ations, or auth	norizations:			
	ion here in space ed only on a subs		t it in space I (th	ne Special Statem	ent and Program Log)—if the	
	•		ation was carrie	d both on a subst	itute basis and also on some other	
basis. For furthe in the paper SA3		erning substi	tute basis statio	ns, see page (v) o	of the general instructions located	
• •		sign. Do not	report originatio	n program service	es such as HBO, ESPN, etc. Identify	
			•	0	ation. For example, report multi- th stream separately; for example	
VETA-simulcast).	TA-2 . Simulcast	streams mus	t be reported in	column i (list eac	in stream separately, for example	
			•		tion for broadcasting over-the-air in	
ts community of lice on which your cable	•		annei 4 in Wash	iington, D.C. This	may be different from the channel	
Column 3: Indic	ate in each case	whether the s			ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M" ommercial educational multicast).	
or the meaning of	these terms, see	page (v) of th	e general instru	ctions located in t	he paper SA3 form.	
				, ·	es". If not, enter "No". For an ex-	
blanation of local se Column 5: If you					e paper SA3 form. stating the basis on which your	
		•	• •		tering "LAC" if your cable system	
carried the distant s For the retransm	•				capacity. y payment because it is the subject	
or a written agreem	ent entered into o	n or before Ju	une 30, 2009, de	etween a cable sy	stem or an association representing	
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LEGAL NAME OF OV		YSTEM:			SYSTEM ID#	Name
Armstrong Ut					34166	
PRIMARY TRANSMIT In General: In space carried by your cable FCC rules and regula G.59(d)(2) and (4), substitute program b Substitute Basis basis under specific fill Do not list the station station was carried tist the station here basis. For further in the paper SA3 Column 1: List ere cast stream as "WETA WETA-simulcast stream cast stream as "WETA WETA-simulcast). Column 2: Give tist ist community of lice on which your cable Column 3: Indica educational station, If for independent mul- for the meaning of ti- Column 5: If you cable system carried carried the distant st	TERS: TELEVISION a G, identify every a system during t ations in effect or 76.61(e)(2) and ( asis, as explained Stations: With FCC rules, regula on here in space d only on a subse a, and also in space information conc form. ach station's call m associated witt A-2". Simulcast the channel number inse. For example system carried th to in each case to by entering the left ticast), "E" (for no nese terms, see station is outside vice area, see po- have entered "Y the distant station ation on a part-ting	y television st he accounting n June 24, 19 (4), or 76.63 (f ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the stater "N" (for n oncommercia page (v) of the es" in column on during the me basis beca	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations iorizations: t it in space I (the ation was carried tute basis station report origination cording to its over t be reported in the annel 4 in Wash tation is a network etwork), "N-M" ( al educational), co e general instruct 4, you must con accounting period ause of lack of a	(1) stations carri- ne carriage of cert 1(e)(2) and (4))]; is carried by your of the Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa column 1 (list eac the television stat- ington, D.C. This ork station, an ind for network multion or "E-M" (for nonc ctions located in the distant"), enter "Y- ions located in the mplete column 5, od. Indicate by en-	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example tion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity.	G Primary Transmitters: Television
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LEGAL NAME OF OW	NER OF CABLE S	YSTEM:			SYSTEM ID#	Nome
Armstrong Uti	lities, Inc.				34166	Name
RIMARY TRANSMITT	ERS: TELEVISIO	ON				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba <b>Substitute Basis</b> basis under specifc F Do not list the statio station was carried List the station here basis. For further i in the paper SA3 fi <b>Column 1:</b> List ea bach multicast stream	system during t tions in effect or 6.61(e)(2) and ( asis, as explaine <b>Stations:</b> With a CC rules, regula n here in space d only on a subs , and also in spa nformation conc orm. ch station's call n associated with	he accounting n June 24, 19 (4), or 76.63 (r ed in the next p respect to any ations, or auth G—but do list titute basis. ace I, if the sta cerning substit sign. Do not r h a station acc	y period, except 81, permitting th referring to 76.6 paragraph. v distant stations orizations: t it in space I (th ation was carried tute basis station report origination cording to its ov	(1) stations carrie te carriage of cert 1(e)(2) and (4))]; s carried by your of the Special Statem d both on a substi- ns, see page (v) of the program service er-the-air designa	a and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example	G Primary Transmitters: Television
n which your cable s <b>Column 3:</b> Indicat ducational station, b for independent mult for the meaning of th <b>Column 4:</b> If the s alanation of local serv <b>Column 5:</b> If you h able system carried arried the distant sta For the retransmis f a written agreement the cable system and	system carried the e in each case way y entering the le icast), "E" (for mese terms, see tation is outside vice area, see parave entered "Ye the distant static tion on a part-the sion of a distant at entered into o	ne station. whether the st etter "N" (for no oncommercial page (v) of the the local serv age (v) of the es" in column on during the a me basis beca t multicast stree n or before Ju	ation is a network), "N-M" ( I educational), c e general instruct vice area, (i.e. "c general instruct 4, you must con accounting perio ause of lack of a earn that is not s ine 30, 2009, be	rk station, an inde for network multio or "E-M" (for nonce ctions located in t distant"), enter "Ye ions located in the nplete column 5, od. Indicate by en ictivated channel subject to a royalt etween a cable sy	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
explanation of these t Column 6: Give the FCC. For Mexican or	hree categories ne location of ea Canadian statio	o enter "E". If , see page (v) , h station. Fo , if any, give	you carried the of the general r U.S. stations, e the name of th	channel on any o instructions locate list the communit ne community with	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
explanation of these t Column 6: Give th	hree categories ne location of ea Canadian statio	o enter "E". If s, see page (v) ich station. Fo ons, if any, giv nnel line-ups,	you carried the of the general r U.S. stations, e the name of th use a separate	channel on any o instructions locate list the communit ne community with space G for each	ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.	
explanation of these t Column 6: Give the FCC. For Mexican or	hree categories ne location of ea Canadian statio	o enter "E". If s, see page (v) ich station. Fo ons, if any, giv nnel line-ups,	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the communit ne community with space G for each	ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.	
explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN	three categories ne location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL	o enter "E". If a, see page (v) ach station. Fo ons, if any, giv nnel line-ups, <b>CHANN</b> 3. TYPE OF	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.	
explanation of these to Column 6: Give th FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN	hree categories he location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER	o enter "E". If a, see page (v) ach station. Fo ons, if any, given nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION	
explanation of these to Column 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN NFMJ NFMJ-DT2	three categories ne location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 20	o enter "E". If s, see page (v) ich station. Fo ons, if any, giv nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION <b>N</b>	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION Youngstown, OH	
explanation of these t Column 6: Give th CC. For Mexican or Note: If you are utilizit 1. CALL SIGN NFMJ NFMJ-DT2 NFMJ-HD	three categories he location of ea Canadian statio ng multiple chan 2. B'CAST CHANNEL NUMBER 20 20.2	o enter "E". If a, see page (v) ach station. Fo ons, if any, given nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION <b>N</b> I	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION Youngstown, OH Youngstown, OH	
explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizit 1. CALL SIGN NFMJ-DT2 NFMJ-HD NKBN	hree categories he location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 20 20.2 20.1	o enter "E". If a, see page (v) ich station. Fo ons, if any, given nel line-ups, <b>CHANN</b> 3. TYPE OF STATION <b>N</b> I N	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION Youngstown, OH Youngstown, OH	
explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN WFMJ- WFMJ-DT2 WFMJ-HD WKBN WKBN-HD	three categories he location of ea Canadian statio ng multiple chan 2. B'CAST CHANNEL NUMBER 20 20.2 20.1 27	o enter "E". If a, see page (v) ach station. Fo ons, if any, given nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION N I N N	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION Youngstown, OH Youngstown, OH Youngstown, OH	
explanation of these t Column 6: Give th FCC. For Mexican or Jote: If you are utilizit 1. CALL SIGN NFMJ-DT2 NFMJ-HD NKBN NKBN-HD NNEO	hree categories he location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 20 20.2 20.2 20.1 27 27.1	o enter "E". If s, see page (v) ich station. Fo ons, if any, given nel line-ups, CHANN 3. TYPE OF STATION N I N N N	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH	
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explanation of these t Column 6: Give th CC. For Mexican or Jote: If you are utilizit 1. CALL SIGN NFMJ-DT2 NFMJ-HD NKBN-HD NKBN-HD NKBN-HD NKBO-DT2 NNEO-DT2 NNEO-DT3	hree categories he location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 20 20.2 20.1 27 27.1 45 45.2	o enter "E". If s, see page (v) ich station. Fo ons, if any, given nnel line-ups, CHANN 3. TYPE OF STATION N I N N E E	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Alliance OH Alliance OH	
explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizit 1. CALL SIGN WFMJ-DT2 WFMJ-HD WKBN WKBN-HD WKBN-HD WNEO WNEO-DT2 WNEO-DT3 WNEO-HD	hree categories he location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 20 20.2 20.1 27 27.1 45 45.2 45.3	o enter "E". If s, see page (v) ich station. Fo ons, if any, giv- nnel line-ups, CHANN 3. TYPE OF STATION N I N N E E E	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ad in the paper SA3 form. ( to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Alliance OH Alliance OH Alliance OH	
explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizin I. CALL SIGN NFMJ-MD NFMJ-HD NKBN-HD NKBN-HD NNEO-DT2 NNEO-DT2 NNEO-DT3 NNEO-HD NYFX	hree categories he location of ea Canadian statio ng multiple chan 2. B'CAST CHANNEL NUMBER 20 20.2 20.1 27 27.1 45 45.2 45.3 45	o enter "E". If s, see page (v) ich station. Fo ons, if any, giv- nnel line-ups, CHANN 3. TYPE OF STATION N I N N E E E	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Alliance OH Alliance OH Alliance OH	
explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizit 1. CALL SIGN NFMJ-DT2 NFMJ-DT2 NFMJ-HD NKBN WKBN-HD WKBN-HD WNEO-DT2 WNEO-DT3 WNEO-DT3 WNEO-HD WYFX WYFX-DT5	hree categories he location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 20 20.2 20.1 27 27.1 45 45.2 45.3 45 19	o enter "E". If s, see page (v) ich station. Fo ons, if any, given nel line-ups, CHANN 3. TYPE OF STATION N I N N E E E E I	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ad in the paper SA3 form. ( to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 4 Youngstown, OH 4 Youngstown, OH 4 Youngstown, OH 4 Youngstown, OH 4 Nungstown, OH 4 Alliance OH Alliance OH Alliance OH 4 Alliance OH	
explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN WFMJ-DT2 WFMJ-HD WKBN WFMJ-HD WKBN-HD WKBN-HD WNEO-DT2 WNEO-DT3 WNEO-DT3 WNEO-HD WNEO-HD WYFX-DT5 WYFX-DT6	three categories the location of ea Canadian statio ng multiple chan 2. B'CAST CHANNEL NUMBER 20 20.2 20.1 27 27.1 45 45.2 45.3 45 19 19.5	o enter "E". If s, see page (v) ich station. Fo ons, if any, given nnel line-ups, CHANN 3. TYPE OF STATION N I N N E E E E I I-M	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ad in the paper SA3 form. ( to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 70ungstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Alliance OH Alliance OH Alliance OH Alliance OH Youngstown, OH	
explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN WFMJ WFMJ-DT2 WFMJ-HD WKBN-HD WKBN-HD WKBN-HD WNEO WNEO-DT2 WNEO-DT3 WNEO-DT3 WNEO-HD WYFX-DT5 WYFX-DT6 WYFX-HD	hree categories he location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 20 20.2 20.1 27 27.1 45 45.2 45.3 45 19 19.5 19.6	o enter "E". If s, see page (v) ich station. Fo ons, if any, given nel line-ups, CHANN 3. TYPE OF STATION N I N N E E E E E I I I-M	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Alliance OH Alliance OH Alliance OH Alliance OH Youngstown, OH Youngstown, OH	
explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN WFMJ-DT2 WFMJ-HD WKBN WKBN-HD WKBN-HD WKBN-HD WKBN-HD WKBN-HD WKBO-DT2 WNEO-DT3 WNEO-DT3 WNEO-HD WYFX-DT5 WYFX-DT6 WYFX-HD WYTV	hree categories he location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 20 20.2 20.1 27.1 45 45.2 45.3 45 19 19.5 19.6 41.2	o enter "E". If s, see page (v) ich station. Fo ons, if any, giv- nnel line-ups, CHANN 3. TYPE OF STATION N I N E E E E I I-M I N	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ad in the paper SA3 form. ( to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Alliance OH Alliance OH Alliance OH Alliance OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH	
explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi	hree categories he location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 20 20.2 20.1 27 27.1 45 45.2 45.3 45 19 19.5 19.6 41.2 36	o enter "E". If s, see page (v) ich station. Fo ons, if any, given nnel line-ups, CHANN 3. TYPE OF STATION N I N N E E E I I-M I N	you carried the of the general r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AE 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ad in the paper SA3 form. ( to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Alliance OH Alliance OH Alliance OH Alliance OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH	

LEGAL NAME OF O		YSTEM:			SYSTEM ID#	Name
Armstrong U	tilities, Inc.				34166	Nume
PRIMARY TRANSMIT	TERS: TELEVISIO	ON				
carried by your cable FCC rules and regul	e system during t lations in effect or	he accounting n June 24, 19	g period, except 81, permitting th	: (1) stations carriented to a carriented to a carriage of cert	s and low power television stations) ed only on a part-time basis under ain network programs [sections	G
substitute program b	oasis, as explaine	d in the next	paragraph.	( )( )	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc • Do not list the stati station was carrie	on here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
	information conc				tute basis and also on some other of the general instructions located	
Column 1: List e	ach station's call	•			es such as HBO, ESPN, etc. Identify	
			•	0	tion. For example, report multi- h stream separately; for example	
	ense. For example	e, WRC is Ch	0		ion for broadcasting over-the-air in may be different from the channel	
Column 3: Indica	ate in each case v	whether the st			ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of t	these terms, see	page (v) of th	e general instru	ctions located in t	he paper SA3 form.	
Column 4: If the planation of local se				,.	es". If not, enter "No". For an ex-	
Column 5: If you	have entered "Y	es" in column	4, you must co	mplete column 5,	stating the basis on which your	
cable system carried carried the distant st		•	υ.		tering "LAC" if your cable system	
For the retransmi	ission of a distant	multicast stre	eam that is not s	subject to a royalt	y payment because it is the subject	
					stem or an association representing ry transmitter, enter the designa-	
tion "E" (exempt). Fo	or simulcasts, also	o enter "E". If	you carried the	channel on any o	ther basis, enter "O." For a further	
					ed in the paper SA3 form.	
					y to which the station is licensed by the h which the station is identifed.	
Note: If you are utiliz						
		CHANN	EL LINE-UP	AF		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
WBNX	55	I			Akron, OH	
WBNX-DT2	55.2	I-M			Akron, OH	
WBNX-DT4	55.4	I-M			Akron, OH	
WBNX-HD	55.1	I-M			Akron, OH	
WDLI	39	I			Canton, OH	
WEWS	5	N			Cleveland, OH	
WEWS-DT2	5.2	I-M			Cleveland, OH	
WEWS-HD	5.1	N			Cleveland, OH	
MJM	8	I			Cleveland, OH	
WJW-DT2	8.2	I-M			Cleveland, OH	
WJW-DT3	8.3	I-M			Cleveland, OH	
WJW-DT4	8.4	I-M			Cleveland, OH	
WJW-HD	8.1	1-141 			Cleveland, OH	
WJW-HD WKYC	17	N N			Cleveland, OH	
	17.2	I-M			Cleveland, OH	
WKYC-DT3	17.3	I-M			Cleveland, OH	
WKYC-DT4	17.4	I-M			Cleveland, OH	
WKYC-HD	17.1	N			Cleveland, OH	

Cleveland, OH

WKYC-HD

17.1

Ν

Armstrong Utilities, Inc.       34166         IMARY TRANSMITTERS: TELEVISION       General: In space G, identify every television station (including translator stations and low power television stations)         Grueral: In space G, identify every television station (including translator stations and low power television stations)         rried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under         C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections         .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 bistitute program basis, as explained in the next paragraph.	Name G Primary Transmitters Television
General: In space G, identify every television station (including translator stations and low power television stations) tried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 55(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 bstitute 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 sis under specific FCC rules, regulations, or authorizations: I the Special Statement and Program Log)—if the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station here, and also in space I, if the station was carried by ton 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 ch multicast stream associated with a station according to its over-the-air designation. For example, report multi-st stream associated with a station according to its over-the-air designation. For example, report multi-st stream associated with a station according to its over-the-air designation. For example, report multi-st stream associated with a station according to its over-the-air designation. For example, report multi-st stream associated with a station is a network station, an independent station, or a noncommercial ucational station, by entering the IEC has assigned to the television station or a noncommercial ucational station. So take the the station is a network station, an independent station, an uncommercial educational), or "E-M" (for noncommercial educational multicast). "I for independent m	Primary Fransmitter
<ul> <li>rried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections carried on a battitute program basis, as explained in the next paragraph.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis. Station was carried only 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.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify ch multicast stream associated with a station according to its over-the-air designation. For example, report multist stream as "WETA-2". Simulcast is channel 4 in Washington, D.C. This may be different from the channel which your cable system carried the station.</li> <li>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel which your cable system carried the station.</li> <li>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial ucational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I (for independent), "I-M" in independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>Column 4:</li></ul>	Primary Fransmitter
CHANNEL LINE-UP AF	
CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       CHANNEL       OF       (Yes or No)       CARRIAGE         NUMBER       STATION       (If Distant)       If Distant)	
NEO 45 E Alliance OH	
NEO-HD 45 E Alliance OH	
OIO 10 N Shaker Heights, OH	
OIO-DT2 10.2 I-M Shaker Heights, OH	
OIO-HD 10.1 N Shaker Heights, OH	
UAB 43 I Lorain, OH	
UAB-DT2 43.2 I-M Lorain, OH	
UAB-DT2     43.2     I-M     Lorain, OH       UAB-HD     43.1     I     Lorain, OH	
UAB-HD 43.1 I Lorain, OH	
UAB-HD     43.1     I     Lorain, OH       VIZ     25     E     Cleveland, OH	
UAB-HD43.1ILorain, OHVIZ25ECleveland, OHVIZ-DT225.2E-MCleveland, OH	
UAB-HD43.1ILorain, OHVIZ25ECleveland, OHVIZ-DT225.2E-MCleveland, OHVIZ-DT325.3E-MCleveland, OH	
UAB-HD43.1ILorain, OHVIZ25ECleveland, OHVIZ-DT225.2E-MCleveland, OHVIZ-DT325.3E-MCleveland, OHVIZ-DT425.4E-MCleveland, OH	

	NER OF CABLE S	YSTEM:			SYSTEM ID#	N
Armstrong Util	lities, Inc.				34166	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ЛС				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas <b>Substitute Basis S</b> pasis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for <b>Column 1:</b> List eace each multicast stream	system during t tions in effect o 6.61(e)(2) and ( sis, as explaine <b>Stations:</b> With CC rules, regula n here in space only on a subs and also in spa nformation concorre. ch station's call a associated wit	he accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis stitute basis. ace I, if the sta cerning substi sign. Do not i h a station ac	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations norizations: t it in space I (th ation was carried tute basis statio report origination cording to its ov	(1) stations carri e carriage of cer 1(e)(2) and (4))]; s carried by your e Special Statem d both on a subst ns, see page (v) n program service er-the-air designa	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program nent and Program Log)—if the itute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	G Primary Transmitters: Television
WETA-simulcast). Column 2: Give the ts community of licens	e channel num se. For example	ber the FCC ł e, WRC is Ch	nas assigned to	the television sta	tion for broadcasting over-the-air in may be different from the channel	
educational station, by	e in each case v y entering the le	whether the st etter "N" (for n	etwork), "N-M" (	for network multi	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the <b>Column 4:</b> If the st planation of local servi	ese terms, see tation is outside rice area, see pa	page (v) of th the local serv age (v) of the	e general instru- vice area, (i.e. "c general instruct	ctions located in t distant"), enter "Y ions located in th	the paper SA3 form. es". If not, enter "No". For an ex-	
carried the distant stat	tion on a part-ti sion of a distant	me basis beca t multicast stre	ause of lack of a eam that is not s	activated channel subject to a royalt	y payment because it is the subject	
ion "E" (exempt). For explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or (	a primary trans simulcasts, als hree categories le location of ea Canadian static	mitter or an a o enter "E". If , see page (v ach station. Fo ons, if any, giv	ssociation repre you carried the ) of the general or U.S. stations, re the name of th	esenting the prime channel on any c instructions locat list the communit ne community wit	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or (	a primary trans simulcasts, als hree categories le location of ea Canadian static	mitter or an a o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups,	ssociation repre you carried the ) of the general or U.S. stations, re the name of th	esenting the prima channel on any c instructions locat list the communit ne community wit space G for each	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
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ion "E" (exempt). For explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or ( <b>Note:</b> If you are utilizin 1. CALL SIGN	a primary trans simulcasts, als hree categories e location of ea Canadian static ng multiple chai 2. B'CAST CHANNEL	mitter or an a o enter "E". If s, see page (v ach station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF	ssociation repre you carried the ) of the general or U.S. stations, re the name of th use a separate <b>EL LINE-UP</b> 4. DISTANT? (Yes or No)	AG 5. BASIS OF CARRIAGE	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the h which the station is identifed. In channel line-up.	
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ion "E" (exempt). For explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or ( <b>Note:</b> If you are utilizin 1. CALL SIGN <b>WBOY</b> <b>WBOY-DT2</b>	a primary trans simulcasts, als hree categories e location of ea Canadian static ng multiple chai 2. B'CAST CHANNEL NUMBER 12.1	mitter or an a o enter "E". If s, see page (v ich station. Fo ons, if any, giv nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION <b>N</b>	ssociation repre you carried the ) of the general or U.S. stations, re the name of th use a separate <b>EL LINE-UP</b> 4. DISTANT? (Yes or No)	AG 5. BASIS OF CARRIAGE	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the h which the station is identifed. to channel line-up. 6. LOCATION OF STATION Clarksburg, WV	
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tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or ( <b>Note:</b> If you are utilizin 1. CALL	a primary trans simulcasts, als hree categories e location of ea Canadian static ng multiple chai 2. B'CAST CHANNEL NUMBER 12.1 12.2 12.2 12.3 12.4 12.1 5 5.2 5.1 33 33.1 49 49.1 10	mitter or an a o enter "E". If a, see page (v ich station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I-M I-M N I-M N I-M N I-M N I-M N I-M N I-M N I-M N I-M	ssociation repre you carried the ) of the general or U.S. stations, re the name of th use a separate <b>EL LINE-UP</b> 4. DISTANT? (Yes or No)	AG 5. BASIS OF CARRIAGE	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the h which the station is identifed. In channel line-up. 6. LOCATION OF STATION Clarksburg, WV Clarksburg, WV Clarksburg, WV Clarksburg, WV Clarksburg, WV Clarksburg, WV Clarksburg, WV Clarksburg, WV Clarksburg, WV Weston, WV Weston, WV Weston, WV Weston, WV Morgtantown, WV Parkersburg, WV Clarksburg, WV	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
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		YSTEM:			SYSTEM ID#	Name
Armstrong Util					34166	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during t tions in effect of 6.61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 4), or 76.63 (i d in the next	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrine the carriage of cert 1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters Television
basis under specifc F	CC rules, regula	ations, or auth	orizations:			
station was carried • List the station here, basis. For further ir in the paper SA3 fo	only on a subs and also in spa nformation conc orm.	titute basis. ace I, if the sta cerning substit	ation was carried tute basis statio	d both on a substi ns, see page (v) o	ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify	
			0	0	tion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	A-2". Simulcast	streams must	t be reported in	column 1 (list eac	h stream separately; for example	
Column 2: Give th its community of licens on which your cable s	se. For example ystem carried th	e, WRC is Channe station.	annel 4 in Wash	nington, D.C. This	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial	
educational station, by (for independent multi	y entering the le cast), "E" (for n	etter "N" (for n oncommercia	etwork), "N-M" ( l educational), c	for network multion "E-M" (for nonc	cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the Column 4: If the st					he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local serv					e paper SA3 form. stating the basis on which your	
cable system carried t carried the distant stat	the distant station tion on a part-ti	on during the me basis beca	accounting peri ause of lack of a	od. Indicate by en activated channel	tering "LAC" if your cable system	
of a written agreemen	t entered into o	n or before Ju	ine 30, 2009, be	etween a cable sy	stem or an association representing ry transmitter, enter the designa-	
of a written agreement the cable system and tion "E" (exempt). For	t entered into o a primary trans simulcasts, als	n or before Ju mitter or an a o enter "E". If	ine 30, 2009, be ssociation repre you carried the	etween a cable sy esenting the prima channel on any o	stem or an association representing rry transmitter, enter the designa- ther basis, enter "O." For a further	
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LEGAL NAME OF O	WNER OF CABLE S	YSTEM:			SYSTEM ID#	Name
Armstrong U	tilities, Inc.				34166	
PRIMARY TRANSMI						
					s and low power television stations) ed only on a part-time basis under	G
FCC rules and regu	lations in effect or	n June 24, 19	81, permitting th	ne carriage of cert	ain network programs [sections	-
76.59(d)(2) and (4), substitute program l	( )( )		•	1(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basi	s Stations: With	respect to any	y distant stations	s carried by your o	cable system on a substitute program	Television
<ul> <li>basis under specifc</li> <li>Do not list the stati</li> </ul>				e Special Statem	ent and Program Log)—if the	
station was carrie	ed only on a subs	titute basis.		·	0 0/	
	•				tute basis and also on some other of the general instructions located	
in the paper SA3	form.	Ū.			,	
		-	· •		s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
	TA-2". Simulcast	streams must	t be reported in o	column 1 (list eac	h stream separately; for example	
					ion for broadcasting over-the-air in	
its community of lice on which your cable			annel 4 in Wash	nington, D.C. This	may be different from the channel	
Column 3: Indic	ate in each case v	whether the st			ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of	these terms, see	page (v) of th	e general instru	ctions located in t	he paper SA3 form.	
Column 4: If the planation of local se					es". If not, enter "No". For an ex- e paper SA3 form.	
Column 5: If you	have entered "Y	es" in column	4, you must cor	mplete column 5,	stating the basis on which your	
cable system carrie carried the distant s		•	υ.		tering "LAC" if your cable system capacity.	
	•				payment because it is the subject	
of a sumittan anna ann	ant antared into a	n an hafana li	ma 20 2000 ha	thurson a sable of		
-				•	stem or an association representing ry transmitter, enter the designa-	
the cable system an tion "E" (exempt). Fe	nd a primary trans or simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	esenting the prima channel on any o	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further	
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LEGAL NAME OF OW		/STEM:			SYSTEM ID#	Name
Armstrong Ut	ilities, Inc.				34166	
PRIMARY TRANSMIT	TERS: TELEVISIO	ON				
carried by your cable	system during t	, he accounting	period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections	G
			•	1(e)(2) and (4))];	and (2) certain stations carried on a	Primary
substitute program ba Substitute Basis basis under specifc F	Stations: With	respect to any	distant stations	s carried by your o	cable system on a substitute program	Transmitters Television
•	on here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
	information conc				tute basis and also on some other of the general instructions located	
Column 1: List ea	ach station's call	-			es such as HBO, ESPN, etc. Identify tion. For example, report multi-	
	A-2". Simulcast	streams must	be reported in	column 1 (list eac	h stream separately; for example	
			•		ion for broadcasting over-the-air in may be different from the channel	
on which your cable s	,		ation is a nature	ork station on inde	anondent station, or a noncommercial	
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
	ticast), "E" (for ne	oncommercia	l educational), c	or "E-M" (for nonce	ommercial educational multicast).	
Column 4: If the s	station is outside	the local serv	/ice area, (i.e. "o	distant"), enter "Ye	es". If not, enter "No". For an ex-	
planation of local ser						
					stating the basis on which your tering "LAC" if your cable system	
carried the distant sta	•					
					y payment because it is the subject stem or an association representing	
			•	<b>U</b> 1	ry transmitter, enter the designa-	
· · /					ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give t	he location of ea	ch station. Fo	r U.S. stations,	list the community	y to which the station is licensed by the	
FCC. For Mexican or <b>Note:</b> If you are utiliz				•	n which the station is identifed.	
		•	EL LINE-UP			
	0 DIOAOT		_			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	(103 01 10)	(If Distant)		
KDKA	25	N			Pittsburgh, PA	
KDKA-DT2	25.2	I-M			Pittsburgh, PA	
KDKA-HD	25.1	N			Pittsburgh, PA	
WINP	38	I			Pittburgh, PA	
WINP-HD	38.1	I			Pittburgh, PA	
WNPB	33	Е			Morgtantown, WV	
WPCB	50	I			Jeanette, PA	
WPCB-DT2	50.2	I-M			Jeanette, PA	
WPCB-HD	50.1	I			Jeanette, PA	
WPCW	19	I			Jeanette, PA	
WPCW-HD	19.1	I			Jeanette, PA	
WPGH	53	I			Pittsburgh, PA	
WPGH-DT2	53.2	I-M			Pittsburgh, PA	
WPGH-DT3	53.3	I-M			Pittsburgh, PA	
WPGH-HD	53.1	I			Pittsburgh, PA	
WPNT	22	i			Pittsburgh, PA	
WPNT-DT2	22.2	I-M			Pittsburgh, PA	

Pittsburgh, PA

WPNT-DT3

22.3

I-M

LEGAL NAME OF OW	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Armstrong Ut	ilities, Inc.				34166	Name
	TERS: TELEVISIO	DN				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba <b>Substitute Basis</b> basis under specifc F • Do not list the station • List the station here basis. For further in the paper SA3 f <b>Column 1:</b> List ea each multicast stream cast stream as "WET WETA-simulcast). <b>Column 2:</b> Give th its community of licer on which your cable s <b>Column 3:</b> Indicat educational station, b (for independent mult For the meaning of th <b>Column 4:</b> If the splanation of local sem	system during the ations in effect or 76.61(e)(2) and ( asis, as explaine <b>Stations:</b> With it FCC rules, regulation of a construction of a co	he accounting h June 24, 198 4), or 76.63 (r d in the next p respect to any ations, or auth G—but do list titute basis. ace I, if the stat erning substit sign. Do not r h a station acc streams must ber the FCC h be, WRC is Cha he station. whether the station. whether the station oncommercial page (v) of the the local serv age (v) of the	period, except 81, permitting th referring to 76.6 baragraph. distant stations orizations: t it in space I (th attion was carried ute basis station eport origination cording to its ov be reported in d as assigned to annel 4 in Wash attion is a network etwork), "N-M" ( educational), c e general instruct	(1) stations carrie the carriage of cert 1(e)(2) and (4))]; is carried by your of the Special Statem d both on a substi- ns, see page (v) of the program service er-the-air designa- column 1 (list eac the television stat ington, D.C. This with station, an inde- for network multion or "E-M" (for nonco- ctions located in the ions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	G Primary Transmitters Television
carried the distant sta For the retransmis of a written agreemen the cable system and tion "E" (exempt). For explanation of these <b>Column 6:</b> Give th	the distant static ation on a part-tin ssion of a distant nt entered into on a primary trans r simulcasts, also three categories ne location of ea	on during the a me basis beca multicast stre n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo	accounting period ause of lack of a earn that is not s ine 30, 2009, be ssociation repre- you carried the of the general r U.S. stations,	od. Indicate by en activated channel subject to a royalty tween a cable sy senting the prima channel on any o instructions locate list the community	tering "LAC" if your cable system	
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Armstrong U					34166	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	ON				
carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program b	e system during t ations in effect of 76.61(e)(2) and ( pasis, as explaine	he accounting n June 24, 19 4), or 76.63 (i d in the next	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie the carriage of cert 1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
		• •	•	s carried by your o	cable system on a substitute program	Television
station was carrie • List the station here basis. For further in the paper SA3	on here in space ed only on a subs e, and also in spa information cond form.	G—but do lis titute basis. ace I, if the sta erning substi	it it in space I (th ation was carried tute basis statio	d both on a substi ns, see page (v) o	ent and Program Log)—if the tute basis and also on some other of the general instructions located	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
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					may be different from the channel	
	ate in each case v	whether the st			ependent station, or a noncommercial	
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of a written agreeme the cable system an tion "E" (exempt). For explanation of these <b>Column 6:</b> Give 1 FCC. For Mexican o <b>Note:</b> If you are utiliz 1. CALL SIGN <b>WBNX</b> <b>WBNX-DT2</b> <b>WBNX-DT3</b> <b>WBNX-DT4</b> <b>WBNX-HD</b> <b>WDL1</b> <b>WEWS</b>	ent entered into o d a primary trans or simulcasts, also three categories the location of ea r Canadian static zing multiple char 2. B'CAST CHANNEL NUMBER 55 55.2 55.3 55.4 55.1 39	n or before Ju mitter or an a p enter "E". If , see page (v ch station. Fc ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I-M I-M I-M I-M I-M I-M	une 30, 2009, be association repre- you carried the ) of the general or U.S. stations, re the name of th use a separate <b>IEL LINE-UP</b> 4. DISTANT? (Yes or No)	etween a cable sy esenting the prima channel on any o instructions locate list the communit he community with space G for each AJ 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Akron, OH Akron, OH Akron, OH Akron, OH Canton, OH Cleveland, OH	
of a written agreeme the cable system an tion "E" (exempt). For explanation of these <b>Column 6:</b> Give " FCC. For Mexican o Note: If you are utilitient 1. CALL SIGN WBNX- WBNX-DT3 WBNX-DT3 WBNX-DT4 WBNX-HD WDLI WEWS WEWS-DT2	ent entered into o d a primary trans or simulcasts, also three categories the location of ea r Canadian static zing multiple chai 2. B'CAST CHANNEL NUMBER 55 55.2 55.3 55.4 55.4 39 5	n or before Ju mitter or an a p enter "E". If , see page (v ch station. Fo nns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I-M I-M I-M I-M I N	une 30, 2009, be association repre- you carried the ) of the general or U.S. stations, re the name of th use a separate <b>IEL LINE-UP</b> 4. DISTANT? (Yes or No)	etween a cable sy esenting the prima channel on any o instructions locate list the communit he community with space G for each AJ 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Akron, OH Akron, OH Akron, OH Canton, OH Cleveland, OH	
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of a written agreeme the cable system an tion "E" (exempt). Fo explanation of these <b>Column 6:</b> Give 1 FCC. For Mexican o Note: If you are utilit 1. CALL SIGN WBNX- WBNX-DT2 WBNX-DT3 WBNX-DT4 WBNX-DT4 WBNX-DT4 WBNX-HD WDL1 WEWS WEWS-DT2 WEWS-HD WJW WJW-DT2	ent entered into o d a primary trans or simulcasts, also three categories the location of ea r Canadian static zing multiple char 2. B'CAST CHANNEL NUMBER 55 55.2 55.3 55.4 55.1 39 5 5.2 5.1 8	n or before Ju mitter or an a p enter "E". If , see page (v ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I-M I-M I-M I-M I-M I-M I-M I I N I-M	une 30, 2009, be association repre- you carried the ) of the general or U.S. stations, re the name of th use a separate <b>IEL LINE-UP</b> 4. DISTANT? (Yes or No)	etween a cable sy esenting the prima channel on any o instructions locate list the communit he community with space G for each AJ 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION	
of a written agreeme the cable system an tion "E" (exempt). Fo explanation of these <b>Column 6:</b> Give FCC. For Mexican o Note: If you are utiliz 1. CALL SIGN WBNX- WBNX-DT2 WBNX-DT3 WBNX-DT4 WBNX-DT4 WBNX-HD WDLI WEWS WEWS-DT2 WEWS-DT2 WEWS-HD WJW-DT2 WJW-DT3	ent entered into o d a primary trans or simulcasts, also three categories the location of ea r Canadian static zing multiple char 2. B'CAST CHANNEL NUMBER 55 55.2 55.3 55.4 55.1 39 5 5.2 5.1 8 8 8.2 8.3	n or before Ju mitter or an a p enter "E". If , see page (v ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I-M I-M I-M I-M I-M I I-M I-M I-M	une 30, 2009, be association repre- you carried the ) of the general or U.S. stations, re the name of th use a separate <b>IEL LINE-UP</b> 4. DISTANT? (Yes or No)	etween a cable sy esenting the prima channel on any o instructions locate list the communit he community with space G for each AJ 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Akron, OH Akron, OH Akron, OH Akron, OH Cleveland, OH Cleveland, OH Cleveland, OH Cleveland, OH Cleveland, OH Cleveland, OH	
of a written agreeme the cable system an tion "E" (exempt). For explanation of these <b>Column 6:</b> Give 'F FCC. For Mexican o Note: If you are utiliz 1. CALL SIGN WBNX-DT3 WBNX-DT3 WBNX-DT3 WBNX-DT4 WBNX-HD WDL1 WEWS-HD WJW WEWS-HD WJW-DT2 WJW-DT3 WJW-DT4	ent entered into o d a primary trans or simulcasts, also three categories the location of ea r Canadian static zing multiple char 2. B'CAST CHANNEL NUMBER 55 55.2 55.3 55.4 55.1 39 5 5.2 5.1 8 8 8.2 8.3 8.4	n or before Ju mitter or an a p enter "E". If , see page (v ch station. Fc ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I. I-M I-M I-M I. N I-M I. M I-M	une 30, 2009, be association repre- you carried the ) of the general or U.S. stations, re the name of th use a separate <b>IEL LINE-UP</b> 4. DISTANT? (Yes or No)	etween a cable sy esenting the prima channel on any o instructions locate list the communit he community with space G for each AJ 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OH 6. LOCATI	
of a written agreeme the cable system an tion "E" (exempt). Fo explanation of these <b>Column 6:</b> Give 1 FCC. For Mexican o Note: If you are utiliz 1. CALL SIGN WBNX-DT2 WBNX-DT3 WBNX-DT4 WBNX-HD WDL1 WEWS WEWS-DT2 WEWS-HD WJW WJW-DT2 WJW-DT3 WJW-DT4 WJW-HD	ent entered into o d a primary trans or simulcasts, also three categories the location of ea r Canadian static zing multiple chan 2. B'CAST CHANNEL NUMBER 55 55.2 55.3 55.4 55.1 39 5 5 5.2 5.1 8 8 8.2 8.3 8.4 8.1	n or before Ju mitter or an a p enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I. M I-M IM I. M IM I. M IM I. M IM I. M IM I. M I.	une 30, 2009, be association repre- you carried the ) of the general or U.S. stations, re the name of th use a separate <b>IEL LINE-UP</b> 4. DISTANT? (Yes or No)	etween a cable sy esenting the prima channel on any o instructions locate list the communit he community with space G for each AJ 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Akron, OH Akron, OH Akron, OH Akron, OH Canton, OH Cleveland, OH	
of a written agreeme the cable system an tion "E" (exempt). Fo explanation of these <b>Column 6:</b> Give 1 FCC. For Mexican o Note: If you are utiliz 1. CALL SIGN WBNX-DT2 WBNX-DT3 WBNX-DT4 WBNX-HD WDLI WEWS WEWS-HD WJW-DT2 WJW-DT2 WJW-DT3 WJW-DT4 WJW-HD WJW-HD	ent entered into o d a primary trans or simulcasts, also three categories the location of ea r Canadian static zing multiple char 2. B'CAST CHANNEL NUMBER 55 55.2 55.3 55.4 55.1 39 5 5.2 5.1 8 8 8.2 8.3 8.4 8.1 17	n or before Ju mitter or an a p enter "E". If , see page (v ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I-M I-M I-M I-M I-M I-M I-M I I-M I N I-M I N I I N	une 30, 2009, be association repre- you carried the ) of the general or U.S. stations, re the name of th use a separate <b>IEL LINE-UP</b> 4. DISTANT? (Yes or No)	etween a cable sy esenting the prima channel on any o instructions locate list the communit he community with space G for each AJ 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Cleveland, OH Cleveland, OH	
of a written agreeme the cable system an tion "E" (exempt). Fo explanation of these <b>Column 6:</b> Give ' FCC. For Mexican o Note: If you are utiliz 1. CALL SIGN WBNX-DT3 WBNX-DT3 WBNX-DT4 WBNX-DT4 WBNX-HD WDL1 WEWS WEWS-DT2 WEWS-HD WJW WJW-DT2 WJW-DT3 WJW-DT4	ent entered into o d a primary trans or simulcasts, also three categories the location of ea r Canadian static zing multiple chan 2. B'CAST CHANNEL NUMBER 55 55.2 55.3 55.4 55.1 39 5 5 5.2 5.1 8 8 8.2 8.3 8.4 8.1	n or before Ju mitter or an a p enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I. M I-M IM I. M IM I. M IM I. M IM I. M IM I. M I.	une 30, 2009, be association repre- you carried the ) of the general or U.S. stations, re the name of th use a separate <b>IEL LINE-UP</b> 4. DISTANT? (Yes or No)	etween a cable sy esenting the prima channel on any o instructions locate list the communit he community with space G for each AJ 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Akron, OH Akron, OH Akron, OH Akron, OH Canton, OH Cleveland, OH	

LEGAL NAME OF O	WNER OF CABLE S	YSTEM:			SYSTEM ID#	Name
Armstrong U	tilities, Inc.				34166	Name
PRIMARY TRANSMI	TTERS: TELEVISIO	ON				
carried by your cabl FCC rules and regu	e system during t lations in effect o	he accounting n June 24, 19	g period, excep 81, permitting t	t (1) stations carri ne carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program b Substitute Basis	basis, as explaine s Stations: With	ed in the next respect to any	paragraph. / distant station		and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
	, 0	G-but do lis		ne Special Statem	nent and Program Log)—if the	
	information cond				itute basis and also on some other of the general instructions located	
Column 1: List e	each station's call	-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			·	,		
its community of lice on which your cable	ense. For example system carried th	e, WRC is Channe station.	annel 4 in Wasl	nington, D.C. This	tion for broadcasting over-the-air in a may be different from the channel	
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent mu	ılticast), "E" (for n	oncommercia	l educational), o	or "E-M" (for nonc	ommercial educational multicast).	
					the paper SA3 form. es". If not, enter "No". For an ex-	
planation of local se	rvice area, see pa	age (v) of the	general instruc	tions located in th	e paper SA3 form.	
•			•		stating the basis on which your ntering "LAC" if your cable system	
carried the distant s	tation on a part-ti	me basis beca	ause of lack of a	activated channel	capacity.	
					y payment because it is the subject stem or an association representing	
					ary transmitter, enter the designa-	
explanation of these	three categories	, see page (v	) of the general	instructions locat	other basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give	the location of ea	ch station. Fo	r U.S. stations,	list the communit	y to which the station is licensed by the	
Note: If you are utili					h which the station is identifed. n channel line-up.	
-		CHANN	EL LINE-UP	AJ		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
WKYC-HD	17.1	N			Cleveland, OH	
WNEO	45	E			Alliance OH	
WOIO	10	N			Shaker Heights, OH	
WOIO-DT2	10.2	I-M			Shaker Heights, OH	
WOIO-HD	10.1	N			Shaker Heights, OH	
WRLM	47	I			Canton, OH	
WUAB	43	I			Lorain, OH	
WUAB-DT2	43.2	I-M			Lorain, OH	
WUAB-HD	43.1	I			Lorain, OH	
WVIZ	25	Е			Cleveland, OH	
WVIZ-DT2	25.2	E-M			Cleveland, OH	
WVIZ-DT3	25.3	E-M			Cleveland, OH	
WVIZ-DT4	25.4	E-M			Cleveland, OH	
WVIZ-DT5	25.5	E-M			Cleveland, OH	
WVIZ-HD	25.1	E			Cleveland, OH	
WVPX	23	-			Akron, OH	

LEGAL NAME OF OV	VNER OF CABLE S	YSTEM:			SYSTEM ID#	Namo
Armstrong Ut	ilities, Inc.				34166	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
carried by your cable	system during t	he accounting	period, except	t (1) stations carri	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program b Substitute Basis	asis, as explaine Stations: With	ed in the next respect to any	paragraph. / distant station		and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters Television
basis under specifc F Do not list the station station was carrie	on here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
	information conc				itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
cast stream as "WET NETA-simulcast).	A-2". Simulcast	streams must	be reported in	column 1 (list eac	ation. For example, report multi- h stream separately; for example	
	nse. For example	e, WRC is Ch	•		tion for broadcasting over-the-air in may be different from the channel	
Column 3: Indica	te in each case v	whether the st			ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of t	hese terms, see	page (v) of th	e general instru	ctions located in	the paper SA3 form.	
Column 4: If the solanation of local ser					es". If not, enter "No". For an ex- e paper SA3 form.	
Column 5: If you	have entered "Y	es" in column	4, you must co	mplete column 5,	stating the basis on which your	
cable system carried carried the distant st		0	0.		ntering "LAC" if your cable system	
For the retransmis	ssion of a distant	t multicast stre	eam that is not s	subject to a royalt	y payment because it is the subject	
-					/stem or an association representing ary transmitter, enter the designa-	
tion "E" (exempt). Fo	r simulcasts, als	o enter "E". If	you carried the	channel on any c	other basis, enter "O." For a further	
					ed in the paper SA3 form. y to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are utiliz	ring multiple chai	nnel line-ups,	use a separate	space G for each	n channel line-up.	
		CHANN	EL LINE-UP	AK		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
WBNX	55	I			Akron, OH	
WBNX-DT2	55.2	I-M			Akron, OH	
WBNX-DT3	55.3	I-M			Akron, OH	
WBNX-DT4	55.4	I-M			Akron, OH	
WBNX-HD	55.1	I-M			Akron, OH	
WDLI	39	I			Canton, OH	
WEWS	5	N			Cleveland, OH	
WEWS-DT2	5.2	I-M			Cleveland, OH	
WEWS-HD	5.1	N			Cleveland, OH	
MJM	8	I			Cleveland, OH	
WJW-DT2	8.2	I-M			Cleveland, OH	
WJW-DT3	8.3	I-M			Cleveland, OH	
WJW-DT4	8.4	I-M			Cleveland, OH	
	8.1	1-1VI 				
WJW-HD					Cleveland, OH	
	17	N			Cleveland, OH	
	17.2	I-M			Cleveland, OH	
WKYC-DT3	17.3	I-M			Cleveland, OH	

Cleveland, OH

WKYC-DT4

17.4

I-M

LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
Armstrong Uti	lities, Inc.				34166	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba Substitute program ba basis under specifc Fi • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ear each multicast stream cast stream as "WET/ WETA-simulcast). Column 2: Give the its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of th Column 4: If the s planation of local serv Column 5: If you fi	G, identify every system during the titions in effect on 6.6.1(e)(2) and (4 asis, as explained <b>Stations:</b> With r CC rules, regula n here in space d only on a subst , and also in spa nformation concerned orm. ch station's call shows a subst nassociated with A-2". Simulcast shows a subst is channel numb is for example system carried the is en each case w y entering the left icast), "E" (for no esse terms, see p tation is outside vice area, see pa have entered "Ye the distant statio	y television sta ne accounting n June 24, 198 4), or 76.63 (r d in the next p respect to any titons, or author G—but do list titute basis. ace I, if the sta erning substit sign. Do not re- n a station acc streams must ber the FCC has been the station. Whether the stat tter "N" (for ne been the local serv age (v) of the ges" in column on during the a	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried rule basis station report origination cording to its ow be reported in or annel 4 in Wash ration is a networ etwork), "N-M" ( I educational), or e general instruct d, you must cor accounting period	(1) stations carrie the carriage of cert 1(e)(2) and (4))]; a s carried by your of e Special Stateme d both on a substitu- ns, see page (v) of n program service er-the-air designa column 1 (list each the television stati- ington, D.C. This rk station, an inder for network multion r "E-M" (for nonco- citions located in the situant"), enter "Yei ions located in the mplete column 5, sod. Indicate by em-	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters Television
For the retransmise of a written agreemen	sion of a distant nt entered into or	multicast stre n or before Ju	eam that is not s ine 30, 2009, be	ubject to a royalty tween a cable sys	γ payment because it is the subject stem or an association representing ry transmitter, enter the designa-	
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	NER OF CABLE SY	YSTEM:			SYSTEM ID#	Name
Armstrong Ut	ilities, Inc.				34166	Naille
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
carried by your cable FCC rules and regula	system during t ations in effect or	he accounting n June 24, 19	period, except 81, permitting th	: (1) stations carri ne carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary
substitute program ba Substitute Basis	asis, as explaine Stations: With	ed in the next prespect to any	paragraph. / distant stations		cable system on a substitute program	Transmitters Television
basis under specifc F • Do not list the static station was carried	on here in space	G-but do lis		ne Special Statem	nent and Program Log)—if the	
List the station here basis. For further in the paper SA3 f	e, and also in spa information conc form.	ace I, if the sta cerning substit	ute basis statio	ns, see page (v)	itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
					ation. For example, report multi- ch stream separately; for example	
	nse. For example	e, WRC is Ch	•		tion for broadcasting over-the-air in a may be different from the channel	
					ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of th						
Column 4: If the s planation of local ser			•	,	es". If not, enter "No". For an ex- e paper SA3 form.	
Column 5: If you	have entered "Y	es" in column	4, you must co	mplete column 5,	stating the basis on which your	
cable system carried carried the distant sta		0	0.		ntering "LAC" if your cable system	
	•				y payment because it is the subject	
-				etween a cable sy	stem or an association representing	
	a primary trans					
uon e (exempt). Fo	r simulcasts, also				ary transmitter, enter the designa-	
explanation of these	three categories	o enter "E". If , see page (v)	you carried the of the general	channel on any c instructions locat	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
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Pittsburgh, PA

WPNT-DT4

22.4

I-M

LEGAL NAME OF OV		YSTEM:			SYSTEM ID#	Name
Armstrong Ut					34166	
PRIMARY TRANSMIT n General: In space carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program b Substitute program b Substitute Basis basis under specific 1 Do not list the station station was carried tist the station here basis. For further in the paper SA3 Column 1: List ex- cach multicast strean cast stream as "WET WETA-simulcast). Column 2: Give f to community of lice on which your cable Column 3: Indica educational station, for independent mu For the meaning of t Column 5: If you cable system carried	TERS: TELEVISION a G, identify every a system during the ations in effect of 76.61(e)(2) and ( basis, as explained a stations: With FCC rules, regulation on here in space ad only on a subsection ach station's call m associated with TA-2". Simulcast the channel numination construction form. ach station's call m associated with TA-2". Simulcast the channel numination construction system carried the ate in each case with by entering the left ticast), "E" (for no hese terms, see station is outsider rvice area, see prise have entered "Y	y television st the accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis stitute basis. ace I, if the sta cerning substi sign. Do not if h a station ac streams must ber the FCC h he station. whether the si etter "N" (for n oncommercia page (v) of the es" in column on during the	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations iorizations: t it in space I (the ation was carried tute basis station report origination cording to its over t be reported in or has assigned to annel 4 in Wash tation is a network etwork), "N-M" ( and educational), co e general instruct 4, you must con accounting period	(1) stations carri- ne carriage of cert 1(e)(2) and (4))]; is carried by your of the Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa column 1 (list eac the television stat ington, D.C. This or k station, an ind for network multion or "E-M" (for nonc ctions located in th distant"), enter "Y- ions located in th- mplete column 5, od. Indicate by er	stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	
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FORM SA3E. PAGE 3.						
		YSTEM:			SYSTEM ID#	Name
Armstrong Uti					34166	
PRIMARY TRANSMIT	TERS: TELEVISIO	ON				
carried by your cable FCC rules and regula	system during t itions in effect or 6.61(e)(2) and (	he accounting n June 24, 19 4), or 76.63 (	g period, except 81, permitting th referring to 76.6	t (1) stations carri ne carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
				s carried by your	cable system on a substitute program	Television
<ul> <li>basis under specifc F</li> <li>Do not list the statio</li> </ul>				ne Special Statem	ent and Program Log)—if the	
station was carried • List the station here	d only on a subs , and also in spa nformation conc	titute basis. ace I, if the sta	ation was carrie	d both on a subst	itute basis and also on some other of the general instructions located	
Column 1: List ea	ch station's call	-			es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
	A-2". Simulcast	streams must	be reported in	column 1 (list eac	h stream separately; for example	
WETA-simulcast). Column 2: Give th	ne channel num	ber the FCC h	has assigned to	the television sta	tion for broadcasting over-the-air in	
its community of licer on which your cable s <b>Column 3:</b> Indicat	se. For example system carried the in each case w	e, WRC is Ch ne station. whether the s	annel 4 in Wash tation is a netwo	nington, D.C. This ork station, an ind	may be different from the channel ependent station, or a noncommercial	
	icast), "E" (for n	oncommercia	l educational), o	or "E-M" (for nonc	cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form.	
Column 4: If the s	tation is outside	the local service	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local serv Column 5: If you l					e paper SA3 form. stating the basis on which your	
cable system carried	the distant station	on during the	accounting peri	od. Indicate by er	tering "LAC" if your cable system	
carried the distant sta	•				capacity. y payment because it is the subject	
					stem or an association representing	
•			•	• •	ary transmitter, enter the designa-	
· · /					ther basis, enter "O." For a further ed in the paper SA3 form.	
					y to which the station is licensed by the	
FCC. For Mexican or <b>Note:</b> If you are utilized					h which the station is identifed.	
Note: Il you are utilizi	ing multiple chai	• •	EL LINE-UP	•		
			-			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	NUMBER	STATION	```	(If Distant)		
WCHS	8	N		(	Charleston, WV	
WCHS-DT2	8.2	I-M			Charleston, WV	
WCHS-DT2 WCHS-HD	8.1	N			Charleston, WV	
					NUMBER OF STREET, WWW	
WKAS	26	E				
WLPX	39				Ashland, KY	
WLPX-HD	·	-			Ashland, KY Charleston, WV	
	39.1	I			Ashland, KY Charleston, WV Charleston, WV	
WOWK	39.1 13	I N			Ashland, KY Charleston, WV Charleston, WV Huntington, WV	
		I N I-M			Ashland, KY Charleston, WV Charleston, WV	
WOWK-DT2	13				Ashland, KY Charleston, WV Charleston, WV Huntington, WV	
WOWK-DT2 WOWK-DT3	13 13.2	I-M			Ashland, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV	
WOWK-DT2 WOWK-DT3 WOWK-DT4	13 13.2 13.3	I-M I-M			Ashland, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV	
WOWK-DT2 WOWK-DT3 WOWK-DT4 WOWK-HD	13 13.2 13.3 13.4	I-M I-M I-M			Ashland, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV	
WOWK-DT2 WOWK-DT3 WOWK-DT4 WOWK-HD WQCW	13 13.2 13.3 13.4 13.1	I-M I-M I-M N			Ashland, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Portsmouth, OH	
WOWK-DT2 WOWK-DT3 WOWK-DT4 WOWK-HD WQCW WQCW-HD	13 13.2 13.3 13.4 13.1 17 30.1	I-M I-M I-M I-M I-M			Ashland, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Portsmouth, OH Portsmouth, OH	
WOWK-DT2 WOWK-DT3 WOWK-DT4 WOWK-HD WQCW WQCW-HD WSAZ	13 13.2 13.3 13.4 13.1 17 30.1 3	I-M I-M N I-M I-M N			Ashland, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Portsmouth, OH Portsmouth, OH Huntington, WV	
WOWK WOWK-DT2 WOWK-DT3 WOWK-DT4 WOWK-HD WQCW WQCW-HD WSAZ WSAZ-DT2 WSAZ-HD	13 13.2 13.3 13.4 13.1 17 30.1 3 3.2	I-M I-M N I-M I-M I-M I-M			Ashland, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Portsmouth, OH Portsmouth, OH Huntington, WV Huntington, WV	
WOWK-DT2 WOWK-DT3 WOWK-DT4 WOWK-HD WQCW WQCW-HD WSAZ WSAZ-DT2 WSAZ-HD	13 13.2 13.3 13.4 13.1 17 30.1 3 3.2 3.1	I-M I-M N I-M I-M N			Ashland, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Portsmouth, OH Portsmouth, OH Huntington, WV Huntington, WV	
WOWK-DT2 WOWK-DT3 WOWK-DT4 WOWK-HD WQCW WQCW-HD WSAZ	13 13.2 13.3 13.4 13.1 17 30.1 3 3.2	I-M I-M N I-M I-M I-M I-M			Ashland, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Portsmouth, OH Portsmouth, OH Huntington, WV Huntington, WV	

LEGAL NAME OF O	WNER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Armstrong U	tilities, Inc.				34166	Humo
PRIMARY TRANSMI						
					and low power television stations) ed only on a part-time basis under	G
FCC rules and regu	lations in effect or	n June 24, 19	81, permitting th	ne carriage of cert	ain network programs [sections	•
76.59(d)(2) and (4), substitute program			•	1(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basi	s Stations: With	respect to any	distant stations	s carried by your o	cable system on a substitute program	Television
<ul> <li>basis under specifc</li> <li>Do not list the stat</li> </ul>				e Special Statem	ent and Program Log)—if the	
station was carri	ed only on a subs	titute basis.		•	0 0,	
	· ·				tute basis and also on some other of the general instructions located	
in the paper SA3	form.	Ū			,	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
	TA-2". Simulcast	streams must	be reported in	column 1 (list eac	h stream separately; for example	
					ion for broadcasting over-the-air in	
its community of lice on which your cable			annel 4 in Wash	nington, D.C. This	may be different from the channel	
Column 3: Indic	ate in each case v	whether the st			ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of	these terms, see	page (v) of th	e general instru	ctions located in t	he paper SA3 form.	
Column 4: If the planation of local se				,.	es". If not, enter "No". For an ex- e paper SA3 form.	
Column 5: If you	have entered "Y	es" in column	4, you must co	mplete column 5,	stating the basis on which your	
cable system carrie carried the distant s		•	0.		tering "LAC" if your cable system capacity.	
	•				payment because it is the subject	
of a sumittan amount	ant antonad into a	n an hafana li		thurson a sable of		
-				•	stem or an association representing ry transmitter, enter the designa-	
the cable system ar tion "E" (exempt). F	nd a primary trans or simulcasts, also	mitter or an a o enter "E". If	ssociation repre you carried the	esenting the prima channel on any o	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further	
the cable system ar tion "E" (exempt). F explanation of these <b>Column 6:</b> Give	nd a primary trans or simulcasts, also three categories the location of ea	mitter or an a p enter "E". If , see page (v) ch station. Fo	ssociation repre you carried the ) of the general or U.S. stations,	esenting the prima channel on any o instructions locate list the community	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	
the cable system ar tion "E" (exempt). F explanation of these <b>Column 6:</b> Give FCC. For Mexican of	nd a primary trans or simulcasts, also e three categories the location of ea or Canadian statio	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ssociation repre you carried the ) of the general or U.S. stations, e the name of tl	esenting the prima channel on any o instructions locate list the community the community with	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.	
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the cable system ar tion "E" (exempt). Fi- explanation of these <b>Column 6:</b> Give FCC. For Mexican of <b>Note:</b> If you are utili 1. CALL SIGN WVAH WVAH-DT2 WVAH-DT3	ad a primary trans or simulcasts, also the location of ea or Canadian statio izing multiple char 2. B'CAST CHANNEL NUMBER 11 11.2	mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION I I-M	ssociation repre you carried the of the general or U.S. stations, the the name of the use a separate <b>EL LINE-UP</b> 4. DISTANT? (Yes or No)	esenting the prima channel on any o instructions locate list the community he community with space G for each AM 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Charleston, WV Charleston, WV	
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Armstrong U	tilities, Inc.				34166	Name
PRIMARY TRANSMI	TTERS: TELEVISIO	NC				
carried by your cabl FCC rules and regu	e system during t lations in effect of 76.61(e)(2) and (	he accounting n June 24, 19 (4), or 76.63 (i	period, except 81, permitting th referring to 76.6	: (1) stations carriented to a carriented to a carriage of cert	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary Transmitters:
				s carried by your o	cable system on a substitute program	Television
<ul> <li>basis under specifc</li> <li>Do not list the stat station was carrie</li> <li>List the station her basis. For further in the paper SA3 Column 1: List e</li> <li>cach multicast streat cast stream as "WE WETA-simulcast).</li> <li>Column 2: Give ts community of lice</li> <li>column 3: Indic</li> <li>column 3: Indic</li> <li>column 4: If the planation of local se Column 5: If you</li> </ul>	FCC rules, regula ion here in space ed only on a subs re, and also in spar information conc form. each station's call m associated wit TA-2". Simulcast the channel numl ense. For example system carried th ate in each case w by entering the le ulticast), "E" (for n these terms, see station is outside rivice area, see pa have entered "Y d the distant statio tation on a part-times and the space tation on the space and the space and the space tation on the space and the space and the space tation on the space and the space and the space and the space tation on the space and the space and the space and the space tation on the space and the space and the space and the space tation on the space and the space and the space and the space and the space tation on the space and the space a	ations, or auth G—but do lis titute basis. ace I, if the sta cerning substi sign. Do not if h a station ac streams must ber the FCC h he station. whether the si etter "N" (for n oncommercia page (v) of the the local sen age (v) of the es" in column on during the me basis beca	orizations: t it in space I (th ation was carried tute basis statio report originatio cording to its ov be reported in has assigned to annel 4 in Wash tation is a network etwork), "N-M" ( I educational), c e general instruct <i>v</i> ice area, (i.e. "or general instruct 4, you must co accounting peri- ause of lack of a	he Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa column 1 (list eac the television stat nington, D.C. This ork station, an inde for network multion or "E-M" (for nonco ctions located in the mplete column 5, od. Indicate by en activated channel	ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial east), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
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LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Nam-
Armstrong Util	ities, Inc.				34166	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas <b>Substitute Basis S</b>	system during t ions in effect of 6.61(e)(2) and ( sis, as explaine <b>Stations:</b> With	he accounting n June 24, 19 4), or 76.63 (i ed in the next respect to any	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations	(1) stations carrie le carriage of cert 1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
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			EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WKYC-HD	17.1	N			Cleveland, OH	
WMFD	12	I			Mansfield, OH	
WMFD-HD	68.1	I			Mansfield, OH	
WNEO	45	E			Alliance OH	
WOIO	10	N			Shaker Heights, OH	
WOIO-DT2	10.2	I-M			Shaker Heights, OH	
WOIO-HD	10.1	N			Shaker Heights, OH	
WUAB	43	I			Lorain, OH	
WUAB-DT2	43.2	I-M			Lorain, OH	
WUAB-HD	43.1	I			Lorain, OH	
WVIZ	25	Е			Cleveland, OH	
WVIZ-DT2	25.2	E-M			Cleveland, OH	
WVIZ-DT3	25.3	E-M			Cleveland, OH	
WVIZ-DT4	25.4	E-M			Cleveland, OH	
WVIZ-DT5	25.5	E-M			Cleveland, OH	
WVIZ-HD	25.1	E			Cleveland, OH	
WVPX	23	-			Akron, OH	
		••••••				

FORM SA3E. PAGE 3.						
		YSTEM:			SYSTEM ID#	Name
Armstrong Uti					34166	
PRIMARY TRANSMITT In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba Substitute program ba Substitute Basis • Do not list the station • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ear each multicast stream cast stream as "WET/ WETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of th Column 4: If the s planation of local serv Column 5: If you f	ERS: TELEVISION G, identify ever system during t tions in effect on 5.61(e)(2) and ( sis, as explaine Stations: With CC rules, regula n here in space only on a subs and also in spa formation cond formation cond form. ch station's call associated witt A-2". Simulcast e channel numi se. For example ystem carried th e in each case y entering the le cast), "E" (for n ese terms, see tation is outside ice area, see p nave entered "Y	y television st he accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substi sign. Do not in h a station ac streams must ber the FCC h e, WRC is Ch he station. whether the si etter "N" (for n oncommercia page (v) of the es" in column on during the me basis beca	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations iorizations: t it in space I (the ation was carried tute basis station report origination cording to its over the reported in or has assigned to annel 4 in Wash tation is a network etwork), "N-M" ( I educational), co e general instruct 4, you must con accounting period ause of lack of a	(1) stations carrie ne carriage of cert 1(e)(2) and (4))]; s carried by your of ne Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa column 1 (list eac the television stat ington, D.C. This or k station, an inde for network multio or "E-M" (for nonce ctions located in t distant"), enter "Yt ions located in the mplete column 5, od. Indicate by en-	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast). he paper SA3 form. ss". If not, enter "No". For an ex- a paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity.	G Primary Transmitters: Television
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Armstrong Utili	ties, Inc.				34166	Naille
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable so FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program bas <b>Substitute Basis So</b> basis under specific FC • Do not list the station station was carried of • List the station here, a basis. For further inf in the paper SA3 for <b>Column 1:</b> List each each multicast stream a	ystem during t ons in effect or .61(e)(2) and ( is, as explaine <b>tations:</b> With C rules, regula here in space only on a subs and also in spa formation conc m. n station's call associated wit	he accounting n June 24, 19 (4), or 76.63 (r respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substif sign. Do not r h a station acc	y period, except 81, permitting th referring to 76.6 paragraph. distant stations orizations: t it in space I (th ation was carried tute basis station report origination cording to its ov	(1) stations carrie te carriage of cert 1(e)(2) and (4))]; s carried by your of the Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program eent and Program Log)—if the itute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example	G Primary Transmitters Television
ts community of license on which your cable sys <b>Column 3:</b> Indicate educational station, by for independent multic For the meaning of thes <b>Column 4:</b> If the station of local servic <b>Column 5:</b> If you has cable system carried the carried the distant station For the retransmission of a written agreement the cable system and a sion "E" (exempt). For sist explanation of these the <b>Column 6:</b> Give the	e. For example stem carried th in each case v entering the le ast), "E" (for n se terms, see tition is outside the area, see pro- ve entered "Y re distant static on on a part-til on of a distant entered into o primary trans- simulcasts, also ree categories location of ea- anadian static	e, WRC is Cha he station. whether the st atter "N" (for non- oncommercial page (v) of the the local serv- age (v) of the es" in column on during the me basis beca t multicast stre- n or before Ju mitter or an ar- o enter "E". If for, see page (v) inch station. For ons, if any, giv	annel 4 in Wash ation is a network etwork), "N-M" ( l educational), c e general instruct d, you must con accounting perio ause of lack of a sam that is not s ine 30, 2009, be ssociation repre you carried the of the general ir U.S. stations, e the name of th	aington, D.C. This ork station, an inde for network multion or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, od. Indicate by en activated channel subject to a royalt stween a cable sy senting the prima channel on any o instructions located list the communit an community witt	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
		CHANN	EL LINE-UP	ΔΡ	·	
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	
WFMJ	20	N			Youngstown, OH	
WFMJ-DT2	20.2	I			Youngstown, OH	
WFMJ-HD	20.1	N			Youngstown, OH	
WKBN	27	N			Youngstown, OH	
WKBN-HD	27.1	N			Youngstown, OH	
WNEO	45	Е			Alliance OH	
WNEO-DT2	45.2	E			Alliance OH	
WNEO-DT3	45.3	E			Alliance OH	
WNEO-HD	45	E			Alliance OH	
WQED	13	E	Yes	0	Pittburgh, PA	
WYFX	19	I			Youngstown, OH	
WYFX-DT5	19.5	I-M			Youngstown, OH	
WYFX-DT6	19.6	I-M			Youngstown, OH	
WYFX-HD	41.2	I			Youngstown, OH	
<b>WYTV</b>	36	N			Youngstown, OH	
WYTV-DT2	36.2	I-M			Youngstown, OH	
WYTV-DT3	36.3	I-M			Youngstown, OH	
		1		1		

Youngstown, OH

WYTV-HD

36.1

Ν

Armetrone 14	NER OF CABLE S	YSTEM:			SYSTEM ID#	
Armstrong Util	ities, Inc.				34166	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space ( carried by your cables 5 FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis 3 basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	G, identify ever system during t ions in effect of 5.61(e)(2) and ( isis, as explaine <b>Stations:</b> With CC rules, regula here in space only on a subs and also in spa formation conc orm. ch station's call associated witt A-2". Simulcast e channel numl	y television st he accounting n June 24, 19 4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta ærning substi sign. Do not i h a station ac streams must ber the FCC h	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations orizations: at it in space I (the ation was carried tute basis station report origination coording to its ow t be reported in mas assigned to	(1) stations carri- ne carriage of cer 1(e)(2) and (4))]; is carried by your ne Special Statem d both on a subst ns, see page (v) of n program service er-the-air designa column 1 (list eac the television sta	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example tion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multi For the meaning of the <b>Column 4:</b> If the st planation of local servi <b>Column 5:</b> If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and	in each case we we entering the le cast), "E" (for n ese terms, see ation is outside ice area, see pa ave entered "Y he distant station ion on a part-til ision of a distant t entered into o a primary trans	whether the si etter "N" (for n oncommercia page (v) of th the local servage (v) of the es" in column on during the me basis beca multicast stra n or before Ju mitter or an a	etwork), "N-M" ( al educational), of e general instru- vice area, (i.e. "of general instruct 4, you must con accounting peri- ause of lack of a eam that is not so une 30, 2009, be association repre-	for network multion or "E-M" (for nonc ctions located in the distant"), enter "Y ions located in the mplete column 5, od. Indicate by er activated channel subject to a royalte tween a cable sy	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
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LEGAL NAME OF OW	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Armstrong Ut	ilities, Inc.				34166	Name
	TERS: TELEVISIO	DN				
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cable system carried carried the distant sta For the retransmis of a written agreemen the cable system and tion "E" (exempt). For explanation of these to Column 6: Give th FCC. For Mexican or Note: If you are utiliz 1. CALL SIGN WPNT-DT4 WPNT-HD WPXI-DT3 WPXI-DT3 WPXI-DT3 WPXI-DT3 WPXI-HD WQED-DT2 WQED-DT3 WQED-DT4 WQED-DT5 WQED-HD	the distant static ation on a part-tin ssion of a distant in entered into on a primary trans r simulcasts, also three categories he location of ea Canadian statio ing multiple char 2. B'CAST CHANNEL NUMBER 22.4 22.1 48 48.2 48.3 48.1 13 13.2 13.3 13.4 #N/A 13.1	on during the a me basis beca multicast stren n or before Ju mitter or an as penter "E". If if , see page (v) ch station. Fo ns, if any, give nnel line-ups, CHANN 3. TYPE OF STATION I-M I-M I-M I-M E E-M E-M E-M E-M E-M E-M E-M	ause of lack of a earn that is not s ine 30, 2009, be ssociation repre you carried the of the general r U.S. stations, e the name of th use a separate <b>EL LINE-UP</b> 4. DISTANT? (Yes or No)	bd. Indicate by en activated channel subject to a royalty tween a cable sy senting the prima channel on any o instructions locate list the community with space G for each AQ 5. BASIS OF CARRIAGE	tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 9 Pittsburgh, PA 9 Pittburgh, PA	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
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Armstrong U	WNER OF CABLE S	YSTEM:			SYSTEM ID#	
	tilities, Inc.				34166	Name
PRIMARY TRANSMI	TTERS: TELEVISIO	N				
carried by your cabl FCC rules and regu 76.59(d)(2) and (4), substitute program	e system during t lations in effect of 76.61(e)(2) and ( basis, as explaine	he accounting n June 24, 19 4), or 76.63 ( d in the next	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carri ne carriage of cer 1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
basis under specifc	FCC rules, regula	ations, or auth	orizations:		,	
	ion here in space ed only on a subs		t it in space I (th	e Special Statem	ent and Program Log)—if the	
<ul> <li>List the station her</li> </ul>	re, and also in spa r information cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
Column 1: List e	each station's call				es such as HBO, ESPN, etc. Identify	
			•	0	ation. For example, report multi- h stream separately; for example	
WETA-simulcast). Column 2: Give	the channel num	ber the FCC h	has assigned to	the television sta	tion for broadcasting over-the-air in	
its community of lice	ense. For example	e, WRC is Ch			may be different from the channel	
on which your cable Column 3: Indic			tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of	these terms, see	page (v) of th	e general instru	ctions located in t	he paper SA3 form.	
Column 4: If the planation of local se			,	,	es". If not, enter "No". For an ex- e paper SA3 form.	
Column 5: If you	have entered "Y	es" in column	4, you must co	mplete column 5,	stating the basis on which your	
cable system carrie carried the distant s		0	0.		tering "LAC" if your cable system capacity.	
					y payment because it is the subject	
-					stem or an association representing ary transmitter, enter the designa-	
· · · /					ther basis, enter "O." For a further	
•	•		, 0		ed in the paper SA3 form. y to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are util	izing multiple chai	nnei line-ups,	use a separate		ale annual Bara ann	
		• •	•		i channel line-up.	
		CHANN	EL LINE-UP	AR	· · · · · · · · · · · · · · · · · · ·	
1. CALL SIGN	2. B'CAST	CHANN 3. TYPE	EL LINE-UP 4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	CHANN	EL LINE-UP 4. DISTANT? (Yes or No)	AR	· · · · · · · · · · · · · · · · · · ·	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF	· · · · · · · · · · · · · · · · · · ·	
SIGN	CHANNEL NUMBER	CHANN 3. TYPE OF STATION	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF	6. LOCATION OF STATION	
SIGN KDKA	CHANNEL NUMBER 25	CHANN 3. TYPE OF STATION N	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF	6. LOCATION OF STATION Pittsburgh, PA	
SIGN KDKA KDKA-HD	CHANNEL NUMBER 25 25.1	CHANN 3. TYPE OF STATION N N	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA	
SIGN KDKA KDKA-HD WFMJ	CHANNEL NUMBER 25 25.1 20	CHANN 3. TYPE OF STATION N N	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH	
SIGN KDKA KDKA-HD WFMJ WFMJ-DT2	CHANNEL NUMBER 25 25.1 20 20.2	CHANN 3. TYPE OF STATION N N I	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH Youngstown, OH	
SIGN KDKA KDKA-HD WFMJ-DT2 WFMJ-HD	CHANNEL NUMBER 25 25.1 20 20.2 20.2 20.1	CHANN 3. TYPE OF STATION N N I N	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH Youngstown, OH Youngstown, OH	
SIGN KDKA KDKA-HD WFMJ WFMJ-DT2 WFMJ-HD WKBN	CHANNEL NUMBER 25 25.1 20 20.2 20.2 20.1 27	CHANN 3. TYPE OF STATION N N I N N N	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH	
SIGN KDKA KDKA-HD WFMJ-DT2 WFMJ-HD WKBN WKBN-HD	CHANNEL NUMBER 25 25.1 20 20.2 20.1 27 27.1	CHANN 3. TYPE OF STATION N N I N N N N	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH	
SIGN KDKA KDKA-HD WFMJ-DT2 WFMJ-HD WKBN WKBN-HD WNEO WPCB WPCB-DT2	CHANNEL NUMBER 25 25.1 20 20.2 20.2 20.1 27 27.1 45	CHANN 3. TYPE OF STATION N N I N N N N	EL LINE-UP 4. DISTANT? (Yes or No)	AR 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH	
SIGN KDKA KDKA-HD WFMJ-DT2 WFMJ-HD WKBN WKBN-HD WNEO WPCB	CHANNEL NUMBER 25 25.1 20 20.2 20.1 27 27.1 45 50	CHANN 3. TYPE OF STATION N N I N N N E I	EL LINE-UP 4. DISTANT? (Yes or No)	AR 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Joungstown, OH Alliance OH Jeanette, PA	
SIGN KDKA KDKA-HD WFMJ-DT2 WFMJ-HD WKBN WKBN-HD WNEO WPCB WPCB-DT2	CHANNEL NUMBER 25 25.1 20 20.2 20.2 20.1 27 27.1 45 50 50.2	CHANN 3. TYPE OF STATION N N I N N N E I	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes	AR 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Joungstown, OH Alliance OH Jeanette, PA Jeanette, PA	
SIGN KDKA KDKA-HD WFMJ-DT2 WFMJ-HD WKBN WKBN-HD WNEO WPCB WPCB-DT2 WPCB-HD	CHANNEL NUMBER 25 25.1 20 20.2 20.1 27 27.1 45 50 50.2 50.1	CHANN 3. TYPE OF STATION N N I N N N E I I N I I I I I I I	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes	AR 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Joungstown, OH Alliance OH Jeanette, PA Jeanette, PA Jeanette, PA Pittburgh, PA	
SIGN KDKA KDKA-HD WFMJ-DT2 WFMJ-HD WKBN WKBN-HD WNEO WPCB WPCB-DT2 WPCB-HD WQED	CHANNEL NUMBER 25 25.1 20 20.2 20.1 27 27.1 45 50 50.2 50.1 13	CHANN 3. TYPE OF STATION N N N N I N N I I I I I I I I E I E	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes	AR 5. BASIS OF CARRIAGE (If Distant) (If Distant) D E E O	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Joungstown, OH Joungstown, OH Joungstown, OH Alliance OH Jeanette, PA Jeanette, PA Jeanette, PA Pittburgh, PA	
SIGN KDKA KDKA-HD WFMJ-DT2 WFMJ-HD WKBN-HD WKBN-HD WKBN-HD WNEO WPCB-DT2 WPCB-DT2 WPCB-HD WQED-DT2	CHANNEL NUMBER 25 25.1 20 20.2 20.1 27 27.1 45 50 50.2 50.1 13 13.2	CHANN 3. TYPE OF STATION N N N I N I N I I I I I I E E E-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes	AR 5. BASIS OF CARRIAGE (If Distant) 0 E E 0 E	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Joungstown, OH Alliance OH Jeanette, PA Jeanette, PA Jeanette, PA Pittburgh, PA	
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SIGN KDKA KDKA-HD WFMJ-DT2 WFMJ-HD WKBN WKBN-HD WKBN-HD WNEO WPCB-UT2 WPCB-DT2 WPCB-DT2 WQED-DT2 WQED-DT3 WQED-DT4	CHANNEL NUMBER           25           25.1           20           20.2           20.1           27           27.1           45           50           50.2           50.1           13           13.2           13.3           13.4	CHANN 3. TYPE OF STATION N N N I N I N I I I I I E E E-M E-M E-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes Yes Yes	AR 5. BASIS OF CARRIAGE (If Distant) 0 E E 0 E E 0 E E E E	6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH Joungstown, OH Alliance OH Jeanette, PA Jeanette, PA Jeanette, PA Pittburgh, PA Pittburgh, PA Pittburgh, PA	

A	VNER OF CABLE S	YSTEM:			SYSTEM ID#	Nores
Armstrong Ut	ilities, Inc.				34166	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	ON				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7	e system during t ations in effect of 76.61(e)(2) and (	he accounting n June 24, 19 (4), or 76.63 (r	period, except 81, permitting the referring to 76.6	t (1) stations carri ne carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary Transmitters:
substitute program b Substitute Basis				s carried by your	cable system on a substitute program	Television
<ul> <li>basis under specifc F</li> <li>Do not list the static station was carrie</li> </ul>	on here in space	G-but do list		ne Special Statem	ent and Program Log)—if the	
<ul> <li>List the station here</li> </ul>	e, and also in spa information conc	ace I, if the sta			itute basis and also on some other of the general instructions located	
Column 1: List ea	ach station's call	•			es such as HBO, ESPN, etc. Identify	
cast stream as "WET			•	•	ation. For example, report multi- ch stream separately; for example	
			•		tion for broadcasting over-the-air in	
on which your cable	system carried th	ne station.		0	,	
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent mul	ticast), "E" (for n	oncommercia	l educational), o	or "E-M" (for none	ommercial educational multicast).	
For the meaning of the Column 4: If the s					the paper SA3 form. es". If not, enter "No". For an ex-	
planation of local ser	vice area, see pa	age (v) of the	general instruct	tions located in th	e paper SA3 form.	
					stating the basis on which your htering "LAC" if your cable system	
carried the distant sta	ation on a part-tii	me basis beca	ause of lack of a	activated channel	capacity.	
					y payment because it is the subject /stem or an association representing	
the cable system and	d a primary trans	mitter or an a	ssociation repre	esenting the prima	ary transmitter, enter the designa-	
tion "E" (exempt). Fo		o enter "E". If	you carried the	channel on any o	ther basis opter "O" For a further	
complanation of these		see nade (v)	of the general			
Column 6: Give t				instructions locat	ed in the paper SA3 form. y to which the station is licensed by the	
FCC. For Mexican or	he location of ea Canadian static	ch station. Fo	r U.S. stations, e the name of t	instructions locat list the communit he community wit	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
FCC. For Mexican or	he location of ea Canadian static	ch station. Fo ons, if any, giv nnel line-ups,	r U.S. stations, e the name of t use a separate	instructions locat list the communit he community wit space G for each	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
	he location of ea Canadian static	ch station. Fo ons, if any, giv nnel line-ups,	r U.S. stations, e the name of t	instructions locat list the communit he community wit space G for each	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
FCC. For Mexican or Note: If you are utiliz	he location of ea Canadian static ing multiple char 2. B'CAST	ch station. Fo nns, if any, giv nnel line-ups, CHANN 3. TYPE	r U.S. stations, e the name of ti use a separate <b>EL LINE-UP</b> 4. DISTANT?	instructions locat list the communit he community wit space G for each AR 5. BASIS OF	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
FCC. For Mexican or <b>Note:</b> If you are utiliz	he location of ea Canadian static ing multiple char 2. B'CAST CHANNEL	ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF	r U.S. stations, e the name of ti use a separate EL LINE-UP	instructions locat list the communit he community wit space G for each AR 5. BASIS OF CARRIAGE	ed in the paper SA3 form. by to which the station is licensed by the h which the station is identifed. h channel line-up.	
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FCC. For Mexican or Note: If you are utiliz 1. CALL SIGN WYFX-DT5	he location of ea Canadian static ting multiple char 2. B'CAST CHANNEL NUMBER 19.5	ch station. Fo ons, if any, giv nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION <b>I-M</b>	r U.S. stations, e the name of ti use a separate <b>EL LINE-UP</b> 4. DISTANT?	instructions locat list the communit he community wit space G for each AR 5. BASIS OF CARRIAGE	ed in the paper SA3 form. by to which the station is licensed by the h which the station is identifed. a channel line-up. 6. LOCATION OF STATION Youngstown, OH	
FCC. For Mexican or Note: If you are utiliz 1. CALL SIGN WYFX-DT5 WYFX-DT6	he location of ea Canadian static ting multiple char 2. B'CAST CHANNEL NUMBER 19.5 19.6	ch station. Fo ons, if any, giv nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION	r U.S. stations, e the name of ti use a separate <b>EL LINE-UP</b> 4. DISTANT?	instructions locat list the communit he community wit space G for each AR 5. BASIS OF CARRIAGE	ed in the paper SA3 form. ty to which the station is licensed by the h which the station is identifed. the channel line-up. 6. LOCATION OF STATION Youngstown, OH Youngstown, OH	
FCC. For Mexican or Note: If you are utiliz 1. CALL SIGN WYFX-DT5 WYFX-DT6 WYFX-HD	he location of ea Canadian static ting multiple char 2. B'CAST CHANNEL NUMBER 19.5 19.6 41.2	ch station. Fo ons, if any, giv nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION <b>I-M</b> I	r U.S. stations, e the name of ti use a separate <b>EL LINE-UP</b> 4. DISTANT?	instructions locat list the communit he community wit space G for each AR 5. BASIS OF CARRIAGE	ed in the paper SA3 form. by to which the station is licensed by the h which the station is identifed. the channel line-up. 6. LOCATION OF STATION Youngstown, OH Youngstown, OH	
FCC. For Mexican or Note: If you are utiliz 1. CALL SIGN WYFX-DT5 WYFX-DT6 WYFX-HD WYTV	he location of ea Canadian static ting multiple char 2. B'CAST CHANNEL NUMBER 19.5 19.6 41.2 36	ch station. Fo ons, if any, giv nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION <b>I-M</b>	r U.S. stations, e the name of ti use a separate <b>EL LINE-UP</b> 4. DISTANT?	instructions locat list the communit he community wit space G for each AR 5. BASIS OF CARRIAGE	ed in the paper SA3 form. ty to which the station is licensed by the h which the station is identifed. the channel line-up. 6. LOCATION OF STATION Youngstown, OH Youngstown, OH Youngstown, OH	
FCC. For Mexican or Note: If you are utiliz 1. CALL SIGN WYFX-DT5 WYFX-DT6 WYFX-HD	he location of ea Canadian static ting multiple char 2. B'CAST CHANNEL NUMBER 19.5 19.6 41.2	ch station. Fo ons, if any, giv nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION <b>I-M</b> I	r U.S. stations, e the name of ti use a separate <b>EL LINE-UP</b> 4. DISTANT?	instructions locat list the communit he community wit space G for each AR 5. BASIS OF CARRIAGE	ed in the paper SA3 form. by to which the station is licensed by the h which the station is identifed. the channel line-up. 6. LOCATION OF STATION Youngstown, OH Youngstown, OH Youngstown, OH Youngstown, OH	
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	WNER OF CABLE SY	YSTEM:			SYSTEM ID#	Norse
Armstrong U	tilities, Inc.		34166	Name		
	TTERS: TELEVISIO	ON				
carried by your cabl FCC rules and regu 76.59(d)(2) and (4), substitute program I <b>Substitute Basis</b> basis under specifc Do not list the stati station was carrie List the station her basis. For further in the paper SA3 <b>Column 1:</b> List e	e system during t lations in effect or 76.61(e)(2) and ( pasis, as explaine <b>s Stations:</b> With FCC rules, regula on here in space ed only on a subs e, and also in spa- information conc form. each station's call	he accounting n June 24, 19 4), or 76.63 (r respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substit sign. Do not r	y period, except 81, permitting th referring to 76.6 paragraph. distant stations orizations: t it in space I (th ation was carried tute basis station report origination	(1) stations carrie te carriage of cert 1(e)(2) and (4))]; s carried by your of the Special Statem d both on a substi- ns, see page (v) of n program service	and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located s such as HBO, ESPN, etc. Identify	G Primary Transmitters: Television
cast stream as "WE WETA-simulcast). <b>Column 2:</b> Give	TA-2". Simulcast the channel numl ense. For example	streams must ber the FCC h e, WRC is Cha	be reported in o	column 1 (list eac	tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel	
<b>Column 3:</b> Indica educational station, (for independent mu For the meaning of	ate in each case we by entering the le llticast), "E" (for ne these terms, see station is outside	whether the st etter "N" (for no oncommercia page (v) of the the local serv	etwork), "N-M" ( l educational), o e general instruc vice area, (i.e. "c	for network multion or "E-M" (for nonce ctions located in t distant"), enter "Ye	es". If not, enter "No". For an ex-	
of a written agreeme	ent entered into o	n or before Ju	ine 30, 2009, be	etween a cable sy	/ payment because it is the subject stem or an association representing	
ion "E" (exempt). For explanation of these <b>Column 6:</b> Give FCC. For Mexican of	or simulcasts, also three categories the location of ea or Canadian statio	o enter "E". If , see page (v) ch station. Fo ons, if any, giv	you carried the ) of the general i r U.S. stations, e the name of th	channel on any o instructions locate list the communit ne community with	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed. channel line-up.	
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tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utilit 1. CALL SIGN KDKA KDKA-HD WFXP- WFXP-DT2 WFXP-DT3 WFXP-HD WICU- WICU-DT2 WICU-HD WJET- WJET-DT2 WJET-DT3 WJET-HD WJET-HD WJET-HD	or simulcasts, also three categories the location of ea or Canadian statio zing multiple char 2. B'CAST CHANNEL NUMBER 25 25.1 66 66.2 66.3 66.1 12 12.2 12.1 24 24.2 24.3 24.1 50 50.2	o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I I-M I-M I-M I-M I-M N I-M I-M I-M E E E-M	you carried the of the general is r U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	channel on any o instructions locate list the community space G for each 5. BASIS OF CARRIAGE (If Distant) 0 E E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ther basis, enter "O." For a further ed in the paper SA3 form. ( to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Erie, PA	
tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utilit 1. CALL SIGN KDKA KDKA-HD WFXP-DT2 WFXP-DT2 WFXP-DT3 WFXP-HD WICU-DT2 WICU-DT2 WICU-HD WICU-HD WJET-DT3 WJET-DT3 WJET-DT3 WJET-HD WQLN-DT2 WQLN-DT2	or simulcasts, also three categories the location of ea or Canadian statio zing multiple char 2. B'CAST CHANNEL NUMBER 25 25.1 66 66.2 66.3 66.1 12 12.2 12.1 24 24.2 24.3 24.1 50 50.2 50.3	o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M E E-M E-M	you carried the of the general is r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	channel on any o instructions locate list the community space G for each AS 5. BASIS OF CARRIAGE (If Distant) O E E E 0 0 0 0 E E E 0 0 0 E E E 0 0 0 E E E 0 0 0 E E E 0 0 0 E E E 0 0 0 E E E E 0 0 0 E	ther basis, enter "O." For a further ed in the paper SA3 form. ( to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Erie, PA	
tion "E" (exempt). For explanation of these <b>Column 6:</b> Give FCC. For Mexican of <b>Note:</b> If you are utiliting 1. CALL	or simulcasts, also three categories the location of ea or Canadian statio zing multiple char 2. B'CAST CHANNEL NUMBER 25 25.1 66 66.2 66.3 66.1 12 12.2 12.1 24 24.2 24.3 24.1 50 50.2	o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I I-M I-M I-M I-M I-M N I-M I-M I-M E E E-M	you carried the of the general is r U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	channel on any o instructions locate list the community space G for each 5. BASIS OF CARRIAGE (If Distant) 0 E E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ther basis, enter "O." For a further ed in the paper SA3 form. ( to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Pittsburgh, PA Pittsburgh, PA Erie, PA	

LEGAL NAME OF OWN		VSTEM			SYSTEM ID#	
Armstrong Util		ISTEM.			34166	Name
PRIMARY TRANSMITT		ON				
In General: In space ( carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	G, identify ever system during t ions in effect o 5.61(e)(2) and ( sis, as explaine	y television st he accounting n June 24, 19 (4), or 76.63 ( d in the next	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie le carriage of cert 1(e)(2) and (4))]; a	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
<ul> <li>basis under specifc FG</li> <li>Do not list the station station was carried</li> <li>List the station here, basis. For further ir in the paper SA3 fc Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th</li> </ul>	2C rules, regula a here in space only on a subs and also in spa formation cond rm. ch station's call associated wit associated associa	ations, or auth G—but do lis titute basis. ace I, if the sta cerning substi- sign. Do not the h a station ac streams must ber the FCC h e, WRC is Ch he station. whether the si etter "N" (for n oncommercia page (v) of the es" in column on during the me basis becc t multicast stre n or before Ju mitter or an a o enter "E". If f, see page (v ich station. Foo ons, if any, giv nnel line-ups,	norizations: t it in space I (th ation was carried tute basis station report origination cording to its ow t be reported in or has assigned to t annel 4 in Wash tation is a netwo etwork), "N-M" ( al educational), o e general instruct vice area, (i.e. "c general instruct 4, you must cor accounting perio ause of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the ) of the general i or U.S. stations, te the name of th use a separate	e Special Stateme I both on a substit ins, see page (v) of a program service er-the-air designa column 1 (list each the television statt ington, D.C. This rk station, an inde for network multic r "E-M" (for nonco ctions located in the inglete column 5, ind. Indicate by en ctivated channel of ubject to a royalty tween a cable sys- senting the prima channel on any of nstructions located list the community with space G for each	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	Television
	Г	CHANN	EL LINE-UP	AS		
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	
WSEE-DT2	35.2	I-M	Yes	Е	Erie, PA	
WSEE-HD	35.1					

LEGAL NAME OF OW	NER OF CABLE S	YSTEM:			SYSTEM ID#	Name	
Armstrong Utilities, Inc. 34166							
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
carried by your cable FCC rules and regula	system during t tions in effect or	he accounting n June 24, 19	period, except 81, permitting th	t (1) stations carri ne carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary	
	Stations: With	respect to any	distant stations	s carried by your	cable system on a substitute program	Transmitters: Television	
	n here in space	G-but do lis		ne Special Statem	nent and Program Log)—if the		
	and also in spa nformation conc	ace I, if the sta			itute basis and also on some other of the general instructions located		
Column 1: List ea	ch station's call	0			es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi-		
VETA-simulcast).	4-2 . Simulcast	streams must	be reported in	column i (list ead	ch stream separately; for example		
			0		tion for broadcasting over-the-air in		
its community of licen on which your cable s	•		annei 4 in Wasł	nington, D.C. This	may be different from the channel		
Column 3: Indicat	e in each case \	whether the st			ependent station, or a noncommercial		
					cast), "I" (for independent), "I-M" ommercial educational multicast).		
For the meaning of th			· · ·	•	,		
Column 4: If the s	tation is outside	the local serv	/ice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-		
blanation of local serv					e paper SA3 form. stating the basis on which your		
•			•		ntering "LAC" if your cable system		
carried the distant sta	•						
					y payment because it is the subject /stem or an association representing		
					ary transmitter, enter the designa-		
					other basis, enter "O." For a further		
•	•		•		ed in the paper SA3 form. y to which the station is licensed by the		
					h which the station is identifed.		
Note: If you are utilizi	ng multiple chai	nnel line-ups,	use a separate	space G for each	n channel line-up.		
		CHANN	EL LINE-UP	AT			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
WFXP	66	I			Erie, PA		
WFXP-DT2	66.2	I-M			Erie, PA		
WFXP-DT3	66.3	I-M			Erie, PA		
WFXP-HD	66.1	l			Erie, PA		
WICU	12	N			Erie, PA		
	12.2	I-M			Erie, PA		
WICU-HD	12.1	N			Erie, PA		
NJET	24	N			Erie, PA		
WJET-DT2	24.2	I-M			Erie, PA		
WJET-DT2	24.2	I-M			Erie, PA		
WJET-HD	24.1	N			Erie, PA		
	50	E			Erie, PA		
WQLN-DT2	50.2	E-M			Erie, PA		
WQLN-DT3	50.3	E-M			Erie, PA		
WQLN-HD	50.1	E-M			Erie, PA		
WSEE	16	N			Erie, PA		
WSEE-DT2	35.2	I-M			Erie, PA		
					,,,		

Erie, PA

WSEE-HD

35.1

Ν

LEGAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM ID# 34166	Name	
PRIMARY TRANSMIT							
					s and low power television stations) ed only on a part-time basis under	G	
					ain network programs [sections	•	
			0	1(e)(2) and (4))];	and (2) certain stations carried on a	Primary	
substitute program ba Substitute Basis				s carried by your o	cable system on a substitute program	Transmitters: Television	
basis under specifc F				s camed by your t		Television	
			t it in space I (th	e Special Statem	ent and Program Log)—if the		
station was carried • List the station here	,		tion was carried	d both on a substi	tute basis and also on some other		
basis. For further i	nformation conc				of the general instructions located		
in the paper SA3 f		sian. Do not r	eport originatio	n program service	es such as HBO, ESPN, etc. Identify		
		-	-		ation. For example, report multi-		
	A-2". Simulcast	streams must	be reported in	column 1 (list eac	h stream separately; for example		
WETA-simulcast). Column 2: Give th	ne channel numb	per the FCC h	as assigned to	the television stat	tion for broadcasting over-the-air in		
its community of licer	ise. For example	e, WRC is Ch	0		may be different from the channel		
on which your cable s Column 3: Indicat			ation is a netwo	ork station an inde	ependent station, or a noncommercial		
					cast), "I" (for independent), "I-M"		
(for independent mult	icast), "E" (for n	oncommercia	l educational), c	or "E-M" (for nonce	ommercial educational multicast).		
For the meaning of th Column 4: If the s					he paper SA3 form. es". If not, enter "No". For an ex-		
planation of local serv	/ice area, see pa	age (v) of the	general instruct	ions located in the	e paper SA3 form.		
					stating the basis on which your		
carried the distant sta		-		•	tering "LAC" if your cable system capacity.		
					y payment because it is the subject		
					stem or an association representing ry transmitter, enter the designa-		
			•	<b>U</b> 1	ther basis, enter "O." For a further		
					ed in the paper SA3 form.		
					y to which the station is licensed by the hwhich the station is identifed.		
Note: If you are utiliz							
		CHANN	EL LINE-UP	AV			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION	. ,	(If Distant)			
WBNS-DT3	10.3	I-M			Columbus, OH		
WBNS-DT2	10.2	I-M			Columbus, OH		
WBNS	10	N			Columbus, OH		
WBNS-HD	10.1	N			Columbus, OH		
WCMH-DT4	4.4	I-M			Columbus, OH		
WCMH-DT2	4.2	I-M					
					Columbus, OH		
WCMH	4	N			Columbus, OH		
WCMH-HD	4.1	N			Columbus, OH		
WOSU-DT3	34.3	I-M			Columbus, OH		
WOSU-DT2	34.2	I-M			Columbus, OH		
WOSU-DT4	34.4	I-M			Columbus, OH		
WOSU	34	N			Columbus, OH		
WOSU-HD	34.1	N			Columbus, OH		
WSYX-DT3	6.3	N-M			Columbus, OH		
WSYX-DT2	6.2	I-M			Columbus, OH		
WSYX	6	N			Columbus, OH		
				•••••••••••••••••••••••••••••••••••••••			
WSYX-HD	6.1	N			Columbus, OH		

Columbus, OH

WTTE-DT3

28.3

I-M

LEGAL NAME OF C	OWNER OF CABLE SY	STEM:			SYSTEM ID#	Name
Armstrong L	Jtilities, Inc.				34166	Nume
PRIMARY TRANSMI	ITTERS: TELEVISIO	N				
carried by your cab FCC rules and regu 76.59(d)(2) and (4) substitute program <b>Substitute Bas</b> basis under specifo • Do not list the star station was carr	le system during ti ulations in effect or , 76.61(e)(2) and ( basis, as explaine <b>is Stations:</b> With r Crules, regula- tion here in space ied only on a subsi	he accounting n June 24, 19, 4), or 76.63 (r d in the next r respect to any ations, or auth G—but do lis titute basis.	period, except 81, permitting th referring to 76.6 paragraph. distant stations orizations: t it in space I (th	<ul> <li>(1) stations carrie ac carriage of cert 1(e)(2) and (4))];</li> <li>carried by your one special Statem</li> </ul>	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other	G Primary Transmitters: Television
in the paper SA Column 1: List each multicast strea cast stream as "WE WETA-simulcast). Column 2: Give	3 form. each station's call am associated with ETA-2". Simulcast e the channel numb	sign. Do not r n a station ac streams must per the FCC h	eport origination cording to its ov be reported in o as assigned to	n program service er-the-air designa column 1 (list eac the television stat	of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in	
on which your cable Column 3: Indice educational station (for independent m For the meaning of Column 4: If the clanation of local se Column 5: If yo cable system carrie carried the distant se For the retransm of a written agreem the cable system at tion "E" (exempt). F explanation of thes Column 6: Give	e system carried th cate in each case w , by entering the le ulticast), "E" (for no these terms, see je e station is outside ervice area, see pa u have entered "Ye ed the distant static station on a part-tim ission of a distant tent entered into or no a primary transi- for simulcasts, also e three categories, the location of ea or Canadian statio	he station. whether the station. whether the statistication page (v) of the the local served age (v) of the local served age (v) of the served statistication on during the multicast stress n or before Ju mitter or an ar- peneter "E". If see page (v) ch station. For ns, if any, giv	ation is a network), "N-M" ( l educational), c e general instruct vice area, (i.e. "c general instruct 4, you must con accounting perio ause of lack of a sam that is not s ine 30, 2009, be ssociation repre you carried the of the general r U.S. stations, e the name of th	rk station, an inde for network multio r "E-M" (for nonce ctions located in t distant"), enter "Ye ions located in the nplete column 5, od. Indicate by en inctivated channel subject to a royalt subject to a royalt subject to a royalt subject no a noy of instructions locate list the communit ne community witt	stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing rry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
		CHANN	EL LINE-UP	AV		
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	
WTTE-DT2	28.2	I-M			Columbus, OH	
WTTE	28	N			Columbus, OH	
WTTE-HD	28.1	N			Columbus, OH	

ACCOUNTING PERI	00.2013/2							FORM SASE. PAGE 4.
Nome	LEGAL NAME OF C	OWNER OF CABL	E SYSTE	И:				SYSTEM ID#
Name	Armstrong l	Jtilities, Inc						34166
	-							
н		t every radio s	tation ca	rried on a separate and discre nerally receivable" by your ca				
Primary				-Band FM Carriage: Under C				
Transmitters: Radio				tem whenever it is received at				
Raulo				ved at the headend, with the s Copyright Office regulations o				
	located in the pa					page (vi) or the	e genera	
				ach station carried.				
				n is AM or FM.				
				al was electronically processe	ed by the cable s	ystem as a sel	oarate a	nd discrete
				mark in the "S/D" column.				
				on (the community to which the			c or, in th	ne case of
	wexican or Can	adian stations	s, ii any, i	he community with which the	station is identifie	ea).		
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	1	1	I	I	1	I	l	1]

LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Armstrong Utilities, In	с.						34166	Name
SUBSTITUTE CARRIAGE	E: SPECIA		IT AND PROGRAM LOG					
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further	I Substitute
1. SPECIAL STATEMEN				s general mot				Carriage:
<ul> <li>During the accounting per</li> </ul>				s, any nonne	twork televis	sion prograr	n	Special
broadcast by a distant stat						Yes	XNo	Statement an Program Lo
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is '	ʻYes," you mu	ust complete	e the progra	m	r ogram ze
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the progran Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	distant stati egulations, o tition. Do no Lucy" or "NE m was broad sign of the s adcast static hadian static th and day ve "5/7." es when the Example: a er "R" if the and regulatic ogramming	ion and that yo r authorization t use general of A Basketball: Icast live, ente station broadca on's location (th ns, if any, the when your sys substitute pro program carri listed program ons in effect du	s. See page (vi) of the gen categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N asting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra uring the accounting period	d for the prog eral instructio "basketball". lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y ; enter the let	ramming of ns located i List specifi nsed by the ntified). numerals, v List the tim 8:30 p.m. sl our system ter "P" if the	another sta n the paper c program FCC or, in with the mor les accurate hould be was require e listed pro	nth Iy	
		E PROGRAM			EN SUBSTI		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. 1	TIMES — TO	FOR DELETION	
						_		
	1							
	1							
	+							
						-		
						=		
						=.		
						_		
						_		
						_		
						_		
	1					_		
						_		

FORM SA3E. PAGE 5.

FORM SA3E. PAGE 6.

	LEGAL NAME OF (	OWNER OF CABLE	SYSTEM:						SYS	STEM ID#
Name	Armstrong l	Jtilities, Inc.								34166
	PART-TIME CA	ARRIAGE I OG								
J Part-Time Carriage Log	In General: Thi time carriage du hours your syst Column 1 (C column 5 of spa Column 2 (D curred during th • Give the mont "4/10." • State the start television statio "app." Example	n General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- ime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and nours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- surred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the elevision 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								
			DATE	S AND HOURS	DF F	PART-TIME CAF	RIAGE			
			I CARRIAGE OCO					I CARRIAGE O		
	CALL SIGN	VVIILIN	HOU			CALL SIGN			OURS	
		DATE	FROM	TO			DATE	FROM		TO
				-						
				-						
				-					_	
			-	-					_	
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FORM	SA3E. PAGE 7.								
	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name				
Arn	nstrong Utilities, Inc.			34166					
Inst all a (as i pag	OSS RECEIPTS rructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's second identifed in space E) during the accounting period. For a further explanation of how to ca e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ndary tra ompute	ansmiss this am <b>\$</b>	sion service	K Gross Receipts				
<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul>									
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entere	d on lin	e 1 of					
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e elow.								
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	uld be ei	ntered o	on line					
Block 1	<b>MINIMUM FEE:</b> 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.		4 perce	nt of the					
	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.		\$	32,747,175.87					
	This is your minimum fee.	\$		348,429.95					
2	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule.</li> <li>No—Leave block 3 below blank and c Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or</li> </ul>	n 4, you od?	u must o	check					
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	=	\$	32,997.56					
	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	\$		32,997.56					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	-	\$	348,429.95	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.			0.00	submitting additional deposits under				
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	_		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	-	\$	725.00	additional fees. Division for the				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		349,154.95	appropriate form for submitting the				
	EFT Trace # or TRANSACTION ID #				additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta		.,						

ACCOUNTING PERIOD:	2019/2
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ACCOUNTING PERI	50. 2019/2		FORM SA3E. PA	
Name	LEGAL NAME OF OWNER OF CABLE SYS	TEM:	SYSTE	EM ID# 34166
	Armstrong Utilities, Inc.		5	4100
	CHANNELS			
Μ		the number of channels on which the cable system ca		
Channels	to its subscribers and (2) the ca	ble system's total number of activated channels, during	the accounting period.	
	1. Enter the total number of cha	nnels on which the cable	177	
	system carried television broa	dcast stations		
	2. Enter the total number of acti	vated channels		
		ried television broadcast stations	505	
	and nonbroadcast services			
Ν		ED IF FURTHER INFORMATION IS NEEDED: (Identi	y an individual	
Individual to	we can contact about this state	nent of account.)		
Be Contacted				
for Further	Name Ken Proudfoot		Telephone (724) 283-0925	
Information				
	Address One Armstrong	Place e, apartment, or suite number)		
	Butler, PA 1600			
	(City, town, state, zip)	•		
	<b>-</b>	-		
	Email kproudf	pot@agoc.com F	ax (optional)	
•	CERTIFICATION (This statemen	of account must be certifed and signed in accordance	with Copyright Office regulations.	
O Certifcation	• I the undersigned hereby certifi	r that (Check one, <i>but only one</i> , of the boxes.)		
Certification	i, the undersigned, hereby certin			
	(Owner other than corporation	on or partnership) I am the owner of the cable system as	identifed in line 1 of space B; or	
		orporation or partnership) I am the duly authorized age at the owner is not a corporation or partnership; or	nt of the owner of the cable system as identified	
	(Officer or partner) I am an of in line 1 of space B.	fficer (if a corporation) or a partner (if a partnership) of the	legal entity identified as owner of the cable system	
	I have examined the statement (	f account and hereby declare under penalty of law that al	statements of fact contained herein	
	are true, complete, and correct to	the best of my knowledge, information, and belief, and an		
	[18 U.S.C., Section 1001(1986)]			
		/s/ Mark Rankin		
		ectronic signature on the line above using an "/s/" signature hn Smith). Before entering the first forward slash of the /s/ s		
	"F2" buttor	, then type /s/ and your name. Pressing the "F" button will a	avoid enabling Excel's Lotus compatibility settings.	
	Typed or	printed name: Mark Rankin		
	Title: C	hief Financial Officer		
		Title of official position held in corporation or partnership)		
	Date: F	ebruary 28, 2020		
		States Code authorizes the Copyright Offce to collect the pe		

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in th completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc.	SYSTEM ID# 34166	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Colowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions	Copyright Act by adding the fol- ne cable system for the basic the system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of t paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receip made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	ots for secondary transmissions	Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a For an explanation of interest assessment, see page (viii) of the general instructions in		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	. <b>\$ -</b> (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.p contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	df. For further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one of	day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitte please list below the owner, address, first community served, accounting period, and ID 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 or	n th

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

#### INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carriec by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

#### BASIC FORMULA: FOR ALL DISTANT STATIONS LISTEE IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

Independent: its type-value is	1.00
• Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

# SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

#### TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee anc the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are nor subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within  $\varepsilon$  television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable sys-

tems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have been

carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which *a* quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-tim∉ and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

# COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

#### COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located ir a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block
   B of part 7. This is the total number of DSEs subject to the Syndicated
   Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

## DSE SCHEDULE. PAGE 11.

## COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE SCHEDULE

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

· If none of the stations were partially distant, calculate your base rate fee according to the following rates-for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSF 1.064% of gross receipts

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

# 0.330% of gross receipts PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group. 3. For each subscriber group, calculate the total number of DSEs of

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

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

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

TOTAL DSEs

Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

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

CITY

Santa Rosa

Bodega Bay

Rapid City

Fairvale

DSE

1.0

1.0

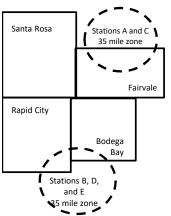
0.083

0.139

0.25

2.472

Distant Stations Carried STATION In most cases under current FCC rules, all of Fairvale would be within A (independent) B (independent) the local service area of both stations C (part-time) A and C and all of Rapid City and Bo-D (part-time) dega Bay would be within the local service areas of stations B, D, and E. E (network)



Minimum Fee Total Gross F	Receipts	\$600,000.00			
		x .01064			
		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B. D. and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D ,E

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

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600,000.00

FROM SUBSCRIBERS

# DSE SCHEDULE. PAGE 11. (CONTINUED)

		OVOTEN			6)							
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         Armstrong Utilities, Inc.       34166											
	Armstrong Utilities, Inc.					3416						
	SUM OF DSEs OF CATEGORY		IS:									
	• Add the DSEs of each station.				0.75							
	Enter the sum here and in line 1	of part 5 of this	s schedule.		3.75							
0	Instructions:											
2	In the column headed "Call Si	<b>gn":</b> list the cal	I signs of all distant stations	s identified by	the letter "O" in column 5							
Computation	of space G (page 3). In the column headed "DSE":	for each indepe	andent station, dive the DSI	⊑ ລຣ "1 0"∘ fo	r each network or noncom-							
of DSEs for	mercial educational station, give	the DSE as ".2	5."	∟ as 1.0 , 10	a each network of noncom-							
Category "O"	, <u></u>		CATEGORY "O" STATION	NS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WPCB	1.000										
	WQED	0.250										
	KDKA	0.250										
	WFXP	1.000										
	WFAP											
Add rows as		0.250										
necessary.	WICU	0.250										
Remember to copy	WJET	0.250										
all formula into new	WQLN	0.250										
rows.	WSEE	0.250										

Name	Armetrona	OWNER OF CABLE SYSTE Utilities, Inc.	:M:					S	
	Anistrong	ounties, inc.							341
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 2 be carried ou Column 2 give the type Column 2	<ul> <li>ist the call sign of all d</li> <li>2: For each station, gir correspond with the ir 3: For each station, gir</li> <li>4: Divide the figure in the tal least to the third d</li> <li>5: For each independer-value as ".25."</li> <li>6: Multiply the figure in figure in the figur</li></ul>	ve the number c nformation giver ve the total num column 2 by the lecimal point. Th ent station, give n column 4 by th	dentified by "LAC" in co of hours your cable sys in space J. Calculate ber of hours that the s figure in column 3, ar his is the "basis of carri the "type-value" as "1. he figure in column 5, a more information on ro	tem carried the sta only one DSE for e tation broadcast ov d give the result in age value" for the s 0." For each netwo nd give the result i	tion during the each station. er the air duri decimals in c station. rk or noncomi n column 6. R	ng the accou olumn 4. This mercial educa	nting period. figure must ational station, ess than the	
Capacity	3A3 101111.		CATEGOR	Y LAC STATION		ON OF DS	Fs		
	1. CALL SIGN	-	IBER IOURS RIED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	-	5. TYPE VALUE	6. DS	SE
					=	x		=	
			-	÷	=	x x		=	
			-	•	=	x		=	
				• •	=	x x		=	
				•	=	×		=	
			-	-	=	X		=	
<b>4</b>	Enter the si Instructions: Column 1: Giv • Was carried tions in effe	ve the call sign of each d by your system in su ect on October 19, 19	n station listed ir ubstitution for a p 76 (as shown by	schedule, n space I (page 5, the program that your syst y the letter "P" in colum s during that optional ci	og of Substitute P em was permitted t n 7 of space I); and	o delete unde d	er FCC rules a	Ū	
<b>4</b> Computation of DSEs for Substitute- asis Stations	Enter the su Instructions: Column 1: Giv • Was carried tions in effer • Broadcast of space I). Column 2: at your option. Column 4:	um here and in line 2 d we the call sign of each d by your system in su ect on October 19, 197 one or more live, nonn For each station give This figure should co Enter the number of c Divide the figure in co	n station listed ir ibstitution for a µ 76 (as shown by etwork programs the number of li prrespond with th days in the caler plumn 2 by the fi	n space I (page 5, the program that your syst y the letter "P" in colurn s during that optional ca ive, nonnetwork progra ne information in space dar year: 365, except gure in column 3, and	Log of Substitute P em was permitted t n 7 of space I); and rriage (as shown by ms carried in subs b I. in a leap year. give the result in co	o delete unde d the word "Yes titution for pro	at station: r FCC rules a grams that w nd to no less	of vere deleted than the third	rm).
- Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carried tions in effer • Broadcast of space I). Column 2: at your option. Column 4:	um here and in line 2 d we the call sign of each d by your system in su ect on October 19, 19 one or more live, nonno- For each station give This figure should co Enter the number of c Divide the figure in co This is the station's D	n station listed in ubstitution for a p 76 (as shown by etwork programs the number of li prrespond with th days in the caler olumn 2 by the fi SE (For more in	n space I (page 5, the program that your syst the letter "P" in colurn during that optional ca ive, nonnetwork progra he information in space ndar year: 365, except gure in column 3, and formation on rounding	Log of Substitute P em was permitted t n 7 of space I); and rriage (as shown by mus carried in subs e I. in a leap year. give the result in co see page (viii) of t	o delete unde d the word "Yes titution for pro blumn 4. Roun he general in	at station: rr FCC rules a grams that w nd to no less structions in t	of vere deleted than the third	rm).
- Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carried tions in effer • Broadcast of space I). Column 2: at your option. Column 4:	um here and in line 2 d we the call sign of each d by your system in su ect on October 19, 19 one or more live, nonno- For each station give This figure should co Enter the number of c Divide the figure in co This is the station's D	n station listed in ubstitution for a p 76 (as shown by etwork programs the number of li prrespond with th days in the caler olumn 2 by the fi SE (For more in	n space I (page 5, the program that your syst y the letter "P" in colum s during that optional ca ive, nonnetwork progra he information in space dar year: 365, except gure in column 3, and formation on rounding E-BASIS STATIO BER 4. DSE AYS	Log of Substitute P em was permitted t n 7 of space I); and rriage (as shown by mus carried in subs e I. in a leap year. give the result in co see page (viii) of t	o delete unde the word "Yes titution for pro- blumn 4. Roun he general in ATION OF 1 2. NUM OF	at station: r FCC rules a grams that w nd to no less structions in t	of vere deleted than the third	
- Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carrier tions in effer • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL	um here and in line 2 d we the call sign of each d by your system in su ect on October 19, 197 one or more live, nonne For each station give This figure should co Enter the number of co Divide the figure in co This is the station's D 2. NUMBER OF	n station listed in ubstitution for a p 76 (as shown by etwork programs the number of li prrespond with th days in the caler olumn 2 by the fi SE (For more in SUBSTITUTE 3. NUMI OF DA	n space I (page 5, the program that your syst y the letter "P" in colum s during that optional ca ive, nonnetwork progra he information in space dar year: 365, except gure in column 3, and formation on rounding E-BASIS STATIO BER 4. DSE AYS	Log of Substitute P em was permitted t n 7 of space I); and rriage (as shown by mus carried in subs a I. in a leap year. give the result in co see page (viii) of t NS: COMPUTA	o delete unde the word "Yes titution for pro- blumn 4. Roun he general in ATION OF 1 2. NUM OF	at station: r FCC rules a grams that w nd to no less structions in t DSEs BER	of vere deleted than the third he paper SA3 for 3. NUMBER OF DAYS	
- Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carrier tions in effer • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL	um here and in line 2 d we the call sign of each d by your system in su ect on October 19, 197 one or more live, nonne For each station give This figure should co Enter the number of co Divide the figure in co This is the station's D 2. NUMBER OF	n station listed in ibstitution for a p 76 (as shown by etwork programs the number of li rrrespond with th days in the caler olumn 2 by the fi SE (For more in SUBSTITUTI 3. NUMI OF DA IN YE	n space I (page 5, the program that your syst y the letter "P" in colum s during that optional ca ive, nonnetwork progra ne information in space ndar year: 365, except gure in column 3, and formation on rounding E-BASIS STATIO BER 4. DSE AR	Log of Substitute P em was permitted t n 7 of space I); and rriage (as shown by mus carried in subs a I. in a leap year. give the result in co see page (viii) of t NS: COMPUTA	o delete unde the word "Yes titution for pro- blumn 4. Roun he general in ATION OF 1 2. NUM OF	at station: r FCC rules a grams that w nd to no less structions in t DSEs BER GRAMS ÷ ÷	of vere deleted than the third he paper SA3 for 3. NUMBER OF DAYS	4. DSE
- Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carrier tions in effer • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL	um here and in line 2 d we the call sign of each d by your system in su ect on October 19, 197 one or more live, nonne For each station give This figure should co Enter the number of co Divide the figure in co This is the station's D 2. NUMBER OF	n station listed ir ibstitution for a p 76 (as shown by etwork programs the number of li prrespond with th days in the caler olumn 2 by the fi SE (For more in SUBSTITUTE 3. NUMI OF DA IN YE. + + + +	n space I (page 5, the program that your syst / the letter "P" in colum s during that optional ca ive, nonnetwork progra- ne information in space ndar year: 365, except gure in column 3, and formation on rounding E-BASIS STATIO BER 4. DSE AR 4. DSE AR 4. DSE	Log of Substitute P em was permitted t n 7 of space I); and rriage (as shown by mus carried in subs a I. in a leap year. give the result in co see page (viii) of t NS: COMPUTA	o delete unde the word "Yes titution for pro- plumn 4. Rou he general in ATION OF 1 2. NUM OF PRO-	at station: r FCC rules a " in column 2 o ograms that w nd to no less structions in t DSEs BER GRAMS ÷ ÷ ÷ ÷	of vere deleted than the third he paper SA3 for 3. NUMBER OF DAYS	4. DSI
- Computation of DSEs for Substitute-	Enter the set Instructions: Column 1: Giv • Was carried tions in eff • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point.	um here and in line 2 d ve the call sign of each d by your system in su ect on October 19, 19 one or more live, non- For each station give This figure should co Enter the number of c Divide the figure in cc This is the station's D 2. NUMBER OF PROGRAMS	n station listed in ibstitution for a p 76 (as shown by etwork programs the number of li mrespond with th days in the caler olumn 2 by the fi SE (For more in SUBSTITUTE 3. NUMI OF DA IN YE. + + + + + + + +	n space I (page 5, the program that your syst y the letter "P" in colum s during that optional ca ive, nonnetwork progra- nee information in space dar year: 365, except gure in column 3, and formation on rounding E-BASIS STATIO BER 4. DSE AR 4. DSE AR = = = = = =	Log of Substitute P em was permitted t n 7 of space I); and rriage (as shown by ems carried in subs b I. in a leap year. give the result in ca , see page (viii) of t NS: COMPUTA 1. CALL SIGN	o delete unde the word "Yes titution for pro- plumn 4. Rou he general in ATION OF 1 2. NUM OF PRO-	at station: r FCC rules a grams that w orgrams that w nd to no less structions in t DSEs BER GRAMS ÷ ÷ ÷	of vere deleted than the third he paper SA3 for 3. NUMBER OF DAYS	4. DSI = = =
- Computation of DSEs for Substitute-	Enter the set Instructions: Column 1: Giv • Was carrier tions in eff • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSE: Add the DSEs Enter the set TOTAL NUMB	um here and in line 2 of we the call sign of each d by your system in su ect on October 19, 197 one or more live, non- For each station give This figure should co Enter the number of co Divide the figure in co This is the station's D 2. NUMBER OF PROGRAMS S OF SUBSTITUTE-B of each station. um here and in line 3 of	n station listed ir ibstitution for a p 76 (as shown by etwork programs the number of li rrrespond with th days in the caler olumn 2 by the fi SE (For more in SUBSTITUTE 3. NUMI OF DA IN YE ÷ ÷ ÷ ÷ ÷	n space I (page 5, the program that your syst y the letter "P" in colum s during that optional ca ive, nonnetwork progra- ne information in space ndar year: 365, except gure in column 3, and formation on rounding E-BASIS STATIO BER 4. DSE AR 4. DSE AR = = = = = = = = = = = = = = =	Log of Substitute P em was permitted t n 7 of space I); and rriage (as shown by ms carried in subs 1. in a leap year. give the result in ca , see page (viii) of t NS: COMPUTA 1. CALL SIGN	o delete under the word "Yes titution for pro- blumn 4. Roun he general in ATION OF 1 2. NUM OF PRO-	at station: r FCC rules a grams that w nd to no less structions in t DSEs BER GRAMS ÷ ÷ ÷ ÷ ÷ ÷ * * * * *	of rere deleted than the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DSI
Computation of DSEs for Substitute- asis Stations	Enter the set Instructions: Column 1: Giv • Was carried tions in eff • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN 1. CALL SIGN SUM OF DSE: Add the DSEs Enter the set number of DSE	um here and in line 2 d ve the call sign of each d by your system in su ect on October 19, 197 one or more live, non- For each station give This figure should co Enter the number of co Divide the figure in co This is the station's D 2. NUMBER OF PROGRAMS S OF SUBSTITUTE-B of each station. um here and in line 3 d ER OF DSEs: Give the	n station listed ir ibstitution for a p 76 (as shown by etwork programs the number of li rrrespond with th days in the caler olumn 2 by the fi SE (For more in SUBSTITUTE 3. NUMI OF DA IN YE ÷ ÷ ÷ ÷ ÷	n space I (page 5, the program that your syst y the letter "P" in colum s during that optional ca ive, nonnetwork progra- ne information in space dar year: 365, except gure in column 3, and formation on rounding E-BASIS STATIO BER 4. DSE AR 4. DSE AR = = = = = = = = = = = = = = = = = = =	Log of Substitute P em was permitted t n 7 of space I); and rriage (as shown by ms carried in subs 1. in a leap year. give the result in ca , see page (viii) of t NS: COMPUTA 1. CALL SIGN	o delete under the word "Yes titution for pro- blumn 4. Roun he general in ATION OF 1 2. NUM OF PRO-	at station: r FCC rules a grams that w nd to no less structions in t DSEs BER GRAMS ÷ ÷ ÷ ÷ ÷ ÷ * * * * *	of rere deleted than the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DSF
Computation of DSEs for Substitute- asis Stations	Enter the set Instructions: Column 1: Giv • Was carried tions in eff • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN 1. CALL SIGN SUM OF DSE: Add the DSEs Enter the set TOTAL NUMB number of DSE 1. Number of	um here and in line 2 of we the call sign of each d by your system in su- ect on October 19, 19 one or more live, non- For each station give This figure should co Enter the number of co Divide the figure in cc This is the station's D 2. NUMBER OF PROGRAMS 3. OF BROGRAMS 5. OF SUBSTITUTE-B of each station. um here and in line 3 of ER OF DSEs: Give the is applicable to your system	n station listed ir ibstitution for a p 76 (as shown by etwork programs the number of li mrespond with th days in the caler olumn 2 by the fi SE (For more in SUBSTITUTE 3. NUMI OF DA IN YE ÷ ÷ ÷ ÷	n space I (page 5, the program that your syst y the letter "P" in colum s during that optional ca ive, nonnetwork progra- ne information in space dar year: 365, except gure in column 3, and formation on rounding E-BASIS STATIO BER 4. DSE AR 4. DSE AR = = = = = = = = = = = = = = = = = = =	Log of Substitute P em was permitted t n 7 of space I); and rriage (as shown by ms carried in subs 1. in a leap year. give the result in ca , see page (viii) of t NS: COMPUTA 1. CALL SIGN	o delete under the word "Yes titution for pro- blumn 4. Roun he general in ATION OF 1 2. NUM OF PRO-	at station: r FCC rules a grams that w nd to no less structions in t DSEs BER GRAMS ÷ ÷ ÷ ÷ ÷ ÷ * * * * *	than the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DSI
Computation of DSEs for Substitute- asis Stations	Enter the set Instructions: Column 1: Giv • Was carrier tions in eff • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSE: Add the DSEs Enter the set TOTAL NUMB number of DSE 1. Number of 2. Number of	um here and in line 2 of ve the call sign of each d by your system in su- ect on October 19, 19; one or more live, non- For each station give This figure should co Enter the number of co Divide the figure in co This is the station's D 2. NUMBER OF PROGRAMS S OF SUBSTITUTE-B of each station. um here and in line 3 of ER OF DSEs: Give the is applicable to your system of DSEs from part 2 •	n station listed ir ibstitution for a p 76 (as shown by etwork programs the number of li mrespond with th days in the caler olumn 2 by the fi SE (For more in SUBSTITUTE 3. NUMI OF DA IN YE ÷ ÷ ÷ ÷	n space I (page 5, the program that your syst y the letter "P" in colum s during that optional ca ive, nonnetwork progra- ne information in space dar year: 365, except gure in column 3, and formation on rounding E-BASIS STATIO BER 4. DSE AR 4. DSE AR = = = = = = = = = = = = = = = = = = =	Log of Substitute P em was permitted t n 7 of space I); and rriage (as shown by ms carried in subs 1. in a leap year. give the result in ca , see page (viii) of t NS: COMPUTA 1. CALL SIGN	o delete under the word "Yes titution for pro- blumn 4. Roun he general in ATION OF 1 2. NUM OF PRO-	at station: r FCC rules a grams that w nd to no less structions in t DSEs BER GRAMS ÷ ÷ ÷ ÷ ÷ ÷ * * * * *	than the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DSF

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID#	Name
Armstrong Uti	liities, inc.							34166	
		•	part 6 and part	7 of the DSE sche	edule blank an	nd complete p	art 8, (page 16) of	f the	6
<ul><li>schedule.</li><li>If your answer if</li></ul>	"No," complete bl	ocks B and C	below.						
				<b>FELEVISION M</b>	ARKETS				Computation of
effect on June 24,	1981?			aller markets as de				gulations in	3.75 Fee
	plete blocks B and			PLETE THE REMA	AINDER OF P		1		
		BLO	CK B: CARR	NAGE OF PERM	VITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulati	ons prior to Ju dule. (Note: Ti	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	tion of permit	ted stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	<ul> <li>(Note the FCC rt</li> <li>A Stations carri</li> <li>76.61(b)(c)]</li> <li>B Specialty stati</li> <li>C Noncommercia</li> <li>D Grandfathered</li> </ul>	ules and regued pursuant on as define cal education d station (76.	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag	asis on which you d elow pertain to tho arket quota rules [7 76.59(d)(1), 76.61( 9(c), 76.61(d), 76.1 graph regarding sul	e)(1), 76.63(a) 63(a) referring	n June 24, 199 ), 76.61(b)(c), ) referring to 7 g to 76.61(d)	76.63(a) referring 76.61(e)(1	g tc	
		ant to individ viously carri JHF station v	ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(	•		ferring to 76.61(e)	)(5)	
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 letter "F" in column			worksheet on pag	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN WPCB	BASIS	1.00	SIGN WJET	BASIS	0.25	SIGN	BASIS		
WQED	С	0.25	WQLN	С	0.25				
	D	0.25	WSEE	D	0.25				
WFXP WNEO	D C	1.00 0.25							
	D	0.25							
								3.75	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove					
				r of DSEs subjec t 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	i space K (p	age 7)				× 0.0	375	Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0.0375	and enter s	um here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	93				×		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 a	nd enter he	re and on line	e 2, block 3, spac	e L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Armstrong Utilities, Inc. 34166									
BLOCK A: TELEVISION MARKETS (CONTINUED)									
1. CALL SIGN	2. PERMITTED BASIS		A: TELEV 1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation
									3.75 Fee

								[		LE. PAGE 14.
Nama	LEGAL NAME OF OWN		EM:						SYS	STEM ID#
Name	Armstrong Util	ities, Inc.								34166
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the F0 A—Part-time sp 76.59( B—Late-night pr 76.61( S—Substitute ca genera Column 5: Indicate Column 6: Compare in block	or to June 25, 1981, call sign for each di the DSE for this sta the accounting peri the basis of carriag CC rules and regula ecialty programmin d)(1),76.61(e)(1), c orgramming: Carria e)(3)). arriage under certai al instructions in the the station's DSE fi e the DSE figures li B, column 3 of part information you givi	under forme stant station i tition for a sing od and year i e on which th titions cited be g: Carriage, c r 76.63 (refer ge under FCC n FCC rules, paper SA3 f or the current sted in colum 6 for this sta	r FCC rules gov dentifed by the gle accounting p in which the carri- ne station was ca- elow pertain to ti on a part-time ba- ring to 76.61(e) C rules, sections regulations, or a form. accounting per- ns 2 and 5 and tion. 2, 3, and 4 mus	ernir letter perio riage arriechose asis, (1)). s 76.: autho iod a list tl	tifed by the letter "F" ng part-time and sub- r "F" in column 2 of p d, occurring betweer and DSE occurred ( d by listing one of the e in effect on June 24 of specialty program 59(d)(3), 76.61(e)(3) orizations. For furthe as computed in parts he smaller of the two accurate and is subju	stitute carri part 6 of the n January 1 (e.g., 1981, e following l, 1981, iming unde , or 76.63 ( r explanatio 2, 3, and 4 figures he	age. DSE schedule 1978 and Jur 11 letters r FCC rules, se referring to on, see page (v of this schedu re. This figure	ne 30, 1981 ection: /i) of the le should be e	enterei
			E EOD OTA							
	1. CALL	2. PRIOR	1	COUNTING	ט עב	N A PART-TIME AN 4. BASIS OF		RESENT		MITTED
	SIGN	DSE		ERIOD		CARRIAGE		DSE		SE
	0001	DOL		LINOD		OARRAGE		DOL		0L
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET									
Exclusivity			DECO							
Surcharge	<ul> <li>Is any portion of the of</li> </ul>	able system within a	a top 100 majo	or television marl	ket a	s defned by section 7	6.5 of FCC	rules in effect J	une 24, 198	31?
-	X Yes—Complete	-			ĺ	No—Proceed to				
					1		purto			
	BLOCK B: Ca	arriage of VHF/Gra	le B Contour	Stations		BLOCK	C: Compu	itation of Exem	pt DSEs	
	Is any station listed in commercial VHF stati or in part, over the ca Yes—List each s X No—Enter zero a	Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.				refe				
				<b>т</b> – – – – – – – – – – – – – – – – – – –	.	1	r	1	1	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE
		H								
		H								
		└──── <sup>↓</sup> <sub> </sub>	OTAL DSEs	0.00			<b>[</b>	TOTAL DS	Fs	0.00
				5.00				L TOTAL DS		5.00

DSE SCHEDULE. PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc.	SYSTEM ID# 34166	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	,747,175.87	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  X Yes—Complete section 3 below. No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1) • • \$		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	-	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)	l	
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

		DSE SCHEDU								
Name	_		YSTEM ID#							
		Armstrong Utilities, Inc.	34166							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)								
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	L							
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge	<u></u> .							
		ictions:								
8		nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.								
	• In blo	ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation	-	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of Base Rate Fee	• If you blank	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below k.	1							
	DIARK. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers									
		were located within that station's local service area and others were located outside that area. For the definition of a station's "local								
	service	e area," see page (v) of the general instructions.								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• Did y	your cable system retransmit the signals of any partially distant television stations during the accounting period?								
		X       Yes—Complete part 9 of this schedule.         No—Complete the following sections.								
	Quatien	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7)								
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"								
		use the total number of DSEs from part 5.).	<u> </u>							
	Section 3	If the figure in section 2 is <b>4.000 or less,</b> compute your base rate fee here and leave section 4 blank.								
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts (the amount in section 1)								
		B. Enter 0.00701 of gross receipts (the amount in section 1)								
		C. Subtract 1.000 from total DSEs								
		(the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here▶ <u>\$</u>	_							
		E. Add lines A, and D. This is your base rate fee. Enter here								
1		and in block 3, line 1, space L (page 7)	0.00							
		Base Rate Fee	<u></u> .							

#### DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Arms	trong Utilities, Inc.	34166	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) <b>\$</b>		8
	B. Enter 0.00701 of gross receipts	-	Computation
	(the amount in section 1) ▶ \$		of Base Rate Fee
1	C. Multiply line B by 3.000 and enter here►	-	
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here►		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
instead	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel of	•	9
Space In Gen	o. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,	to exclude	Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take adv on, you must:	antage of this	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to t or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine th and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for e : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	e number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo cable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant static to that community.	n you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loca the station's local service area. A subscriber located outside the local service area of a station is distant to that station the token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu groups	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	m's subscriber	
In each	section:		
Give	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all c bers in the group.	f the	
, .	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in If this schedule; or,	parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo 6 of this schedule.	ck B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general ins paper SA3 form.	tructions	
page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pr In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	is, the total	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM
Name	Armstrong Utilities, Inc.	341
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

FORM SA3E. PA	GE 1	9.
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LEGAL NAME OF OWNE Armstrong Utilities		E SYSTEM:				SI	STEM ID# 34166	Name
BL		COMPUTATION OF		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU		
		SUBSCRIBER GROU	Р		9			
COMMUNITY/ AREA				COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WPCB	1.00			Base Rate Fee
				WQED	0.25			and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs	ļļ		0.00	Total DSEs	<u> </u>		1.25	
Gross Receipts First Gr	roup	<u>\$ 182,</u>	109.25	Gross Receipts Sec	ond Group	<u>\$ 13</u>	32,984.63	
						_	4 6 4 6 6 4	
Base Rate Fee First Gr			0.00	Base Rate Fee Sec			1,648.01	
		SUBSCRIBER GROU	Ρ			SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	Somers	bel, FA		COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WPCB	1.00							
						-		
						_		
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$ 364,	145.75	Gross Receipts Fou	rth Group	\$ 32	28,171.45	
Base Rate Fee Third G	iroup	\$3,	874.51	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th	e base rat	e fees for each subscr	iber group	as shown in the boxes	s above.			
Enter here and in block			<b>.</b> .			\$ 3	82,997.56	

FORM SA3E. PAG
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-							34166	
В		COMPUTATION OF SUBSCRIBER GRO				I SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA Kinsman, OH			COMMUNITY/ ARE	COMMUNITY/ AREA Andover, OH				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
		-						Base Rate Fe
								and Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
		<u>  </u>						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$</u> 54	,214.32	Gross Receipts Sec	ond Group	\$	68,334.04	
a <b>se Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Harrisv	rille, WV		COMMUNITY/ ARE	A Hamlin,	, <b>WV</b>		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
			•			1		
			0.00	Total DSEs			0.00	
Fotal DSEs Gross Receipts Third (	Group	<u>\$ 213</u>	0.00	Total DSEs Gross Receipts Fou	Irth Group	<u>\$</u> 5	0.00 14,488.05	
		<u>\$ 213</u> \$				<u>\$</u> 5 \$		

FORM SA3E. PAGE 19	FORM	SA3E.	PAGE	19
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and Synciates Exclusivi Surcharg or other sectors in the sector sector of the sector sector sector sectors in the sector	BI	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
Computation       Computation       Computation         CALL SIGN       DSE       CALL SIGN       DDE       CALL SIGN       DDE         Computation       Computation       Computation       Computation       Computation         Computation       Stations       Computation       Computation       Computation       Computation         Computation       Stations       Stations       Computation       Stations       Computation       Computation       Computation         Computation       Station       Station       Station       Computation       Compu		NINTH	SUBSCRIBER GRO	UP		TENTH	I SUBSCRIBER GROU	UP	•
CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       Market State         Image: State	COMMUNITY/ AREA	Conne	lsville, PA		COMMUNITY/ ARE	_			
and Syndicate Exclusions and Syndicate Exclusions Sucharges Syndicate Exclusions and Syndicate Exclusions Sucharges Syndicate Exclusions and Sy	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Synchrate         Synchrate         Surcharg         Sourcharg			-						Base Rate F
Column									
Surcharg       Surcharg         ordal DSEs       0.00         ordal DSEs       0.00         Sors Receipts First Group       \$ 3,405,776.24         Gross Receipts Second Group       \$ 2,036,412.05         Base Rate Fee First Group       \$ 0.00         ELEVENTH SUBSCRIBER GROUP       TweLvTH SUBSCRIBER GROUP         CALL SIGN       DSE         CALL									-
Otal DSEs       0.00       Total DSEs       0.00         Sinos Receipts First Group       \$ 3,405,776.24       Gross Receipts Second Group       \$ 2,036,412.05         Sase Rate Fee First Group       \$ 0.00       Base Rate Fee Second Group       \$ 0.00         ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP       0.00         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         Call DSEs       0.00       Total DSEs       Coll DSE         Condumination       Total DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE         Call DSEs       0.00       Total DSEs       0.00         Total DSEs       0.00       Total DSEs       0.00         Gross Receipts Third Group       \$ 0.00       S 0.00       S 0.00									
Distant Stations Distant Stat									
Stations         Stations         Solution									Partially
ordal DSEs       0.00         isross Receipts First Group       \$         see Rate Fee First Group       \$         g       0.00         Eleventri SUBSCRIBER GROUP       Total DSEs         CALL SIGN       DSE         DSE       CALL SIGN         DSE									
Stross Receipts First Group       \$       3,405,776.24       Gross Receipts Second Group       \$       2,036,412.05         Hase Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Orrville, OH       COMMUNITY/ AREA       Butler/Zelie, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       Gross Receipts Fourth Group       Gross Receipts Fourth Group       10,496,222.80									Stations
Gross Receipts First Group       \$ 3,405,776.24       Gross Receipts Second Group       \$ 2,036,412.05         Base Rate Fee First Group       \$ 0.00       Base Rate Fee Second Group       \$ 0.00         ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community / AREA       Orrwille, OH       Community / AREA       Descripts Call SIGN       DSE       CALL SIGN       DSE         Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE         Gross Receipts Third Group       \$ 600,371.83       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE									
Gross Receipts First Group       \$ 3,405,776.24       Gross Receipts Second Group       \$ 2,036,412.05         Base Rate Fee First Group       \$ 0.00       Base Rate Fee Second Group       \$ 0.00         ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community / AREA       Orrwille, OH       Community / AREA       Descripts Call SIGN       DSE       CALL SIGN       DSE         Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE         Gross Receipts Third Group       \$ 600,371.83       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE									
Gross Receipts First Group       \$ 3,405,776.24       Gross Receipts Second Group       \$ 2,036,412.05         Base Rate Fee First Group       \$ 0.00       Base Rate Fee Second Group       \$ 0.00         ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community / AREA       Orrwille, OH       Community / AREA       Descripts Call SIGN       DSE       CALL SIGN       DSE         Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE         Gross Receipts Third Group       \$ 600,371.83       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE									
Gross Receipts First Group       \$ 3,405,776.24       Gross Receipts Second Group       \$ 2,036,412.05         Base Rate Fee First Group       \$ 0.00       Base Rate Fee Second Group       \$ 0.00         ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community / AREA       Orrwille, OH       Community / AREA       Descripts Call SIGN       DSE       CALL SIGN       DSE         Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE         Gross Receipts Third Group       \$ 600,371.83       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE									
Gross Receipts First Group       \$ 3,405,776.24       Gross Receipts Second Group       \$ 2,036,412.05         Base Rate Fee First Group       \$ 0.00       Base Rate Fee Second Group       \$ 0.00         ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community / AREA       Orrwille, OH       Community / AREA       Descripts Call SIGN       DSE       CALL SIGN       DSE         Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE         Gross Receipts Third Group       \$ 600,371.83       Cold DSE       Cold DSE       Cold DSE       Cold DSE       Cold DSE									
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ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Orrville, OH       COMMUNITY/ AREA       Butler/Zelie, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community / AREA       Description       Description       Description       Description       Description         Call SIGN       DSE       Call SIGN       DSE       Call SIGN       DSE         Call SIGN       DSE       Call SIGN       DSE       Call SIGN       DSE         Call DSEs       0.00       S       Soos Receipts Fourth Group       S       0.00         Sross Receipts Third Group       \$       0.00       \$       10,496,222.80	Gross Receipts First G	roup	\$ 3,405	,776.24	Gross Receipts Sec	ond Group	\$ 2,0	36,412.05	
ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Orrville, OH       COMMUNITY/ AREA       Butler/Zelie, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community / AREA       Description       Description       Description       Description       Description         Call SIGN       DSE       Call SIGN       DSE       Call SIGN       DSE         Call DSEs       0.00       Soress Receipts Fourth Group       S       0.00         Stross Receipts Third Group       \$       600,371.83       Gross Receipts Fourth Group       \$       10,496,222.80									
COMMUNITY/ AREA       Orrville, OH       COMMUNITY/ AREA       Butler/Zelie, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call DSEs       0.00       Soross Receipts Fourth Group       S       10,496,222.80									
CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Sign of the second	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
Image: Construction of the second	E	LEVENTH	SUBSCRIBER GRO			TWELVTH	SUBSCRIBER GROU	I	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	E	LEVENTH	SUBSCRIBER GRO			TWELVTH	SUBSCRIBER GROU	I	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
Gross Receipts Third Group \$ 600,371.83 Gross Receipts Fourth Group \$ 10,496,222.80	EI COMMUNITY/ AREA	LEVENTH Orrville	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP	
	EI COMMUNITY/ AREA CALL SIGN	LEVENTH Orrville	SUBSCRIBER GRO		COMMUNITY/ ARE	TWELVTH A Butler/Z	SUBSCRIBER GROU	UP DSE	
Base Rate Fee Third Group       \$       0.00	EI COMMUNITY/ AREA CALL SIGN		SUBSCRIBER GRO	UP DSE 0.00	COMMUNITY/ ARE COMMUNITY/ ARE CALL SIGN	TWELVTH A Butler/Z DSE	SUBSCRIBER GROU		
	EI COMMUNITY/ AREA CALL SIGN		SUBSCRIBER GRO	UP DSE 0.00	COMMUNITY/ ARE COMMUNITY/ ARE CALL SIGN	TWELVTH A Butler/Z DSE	SUBSCRIBER GROU		
	El COMMUNITY/ AREA CALL SIGN CALL SIGN	DSE	SUBSCRIBER GRO	UP DSE 0.00 0,371.83	COMMUNITY/ ARE COMMUNITY/ ARE CALL SIGN	TWELVTH A Butler/Z	SUBSCRIBER GROU Zelie, PA  CALL SIGN  CALL SIGN  S  10,4	UP DSE DSE 0.00 96,222.80	

and Syndicate Exclusivit Surcharg for		s, Inc.						34166	Name
COMMUNITY/AREA       South Point, OH       COMMUNITY/AREA       Ashtand OH       OP       Computed         CALL SIGN       DSE								>	
CALL SIGN       DSE				<u>.</u>		-			
Total DSEs       0.00         Total DSEs       0.00         Gross Receipts First Group       \$ 0.00         FIFTEENTH SUBSCRIBER GROUP       Stations         CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       1.00       Community (AREA       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       1.00       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Firit Group       1.00       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Firit Group       1.00       Stations       DSE       CALL SIGN       DSE         Gross Receipts Fourth Group       1.00       Stations       Stations <th></th> <th></th> <th></th> <th>DSF</th> <th></th> <th>DSE</th> <th></th> <th>DSF</th> <th></th>				DSF		DSE		DSF	
Syndicate         Syndicate         Surchard		DOL				DOL		DOL	Base Rate F
Total DSEs       0.00       Total DSEs       0.00         Gross Receipts First Group       \$ 2,003,451.44       Gross Receipts Second Group       \$ 0,00         FIFTEENTH SUBSCRIBER GROUP       Statemark       \$ 0,00       Statemark         CALL SIGN       DSE       0.00       Statemark         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       0.00       Statemark       Community/ AREA       Warren & Crawford Counties, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       0.00       Statemark       Call SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       1.00       Intel DSEs       Cold Statemark									
Surcharg       Surcharg         International internatinternational internat									
or particular       or particular         pase Rate Fee First Group       s. 0.00         Base Rate Fee Sterond Group       s. 0.00         Stations       or particular         colume       or particular         colume       s. 0.00         Base Rate Fee First Group       s. 0.00         colume       or particular         colume       or particular         colume       or particular         colume       or particular <td></td> <td></td> <td></td> <td> </td> <td></td> <td></td> <td></td> <td></td> <td>-</td>									-
Obtaint Stations         Total DSEs       0.00         Total DSEs       0.00         Sase Rato Fee First Group       3       2,003,451.44         Gross Receipts Second Group       \$       1,758,446.91         Sase Rato Fee First Group       \$       0.00         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Variano & Grawford Counties, PA         COMMUNITY/ AREA       Variano & Crawford Counties, PA         CALL SIGN       DSE         COMMUNITY/ AREA       0.25         COMMUNITY/ AREA       0.25         COMARD       0.25         COMARD       <			-						-
Stations									Partially
Oral DSEs       0.00       Total DSEs       0.00         Gross Receipts First Group       \$       2,003,451.44       Base Rate Fee Second Group       \$       1,758,446.91         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       E       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       E       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       E       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       E       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       E       CALL SIGN       DSE       CALL SIGN       DSE       0.25         Oral DSEs       1.00       S       Sross Receipts Fourth Group       \$       396,423.94       396,423.94									
Stross Receipts First Group       s       2,003,451.44       Gross Receipts Second Group       s       1,758,446.91         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Venango & Forest Counties, PA       COMMUNITY/ AREA       Warren & Crawford Counties, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       KDKA       0.25       D         Venango & Forest Counties, PA       COMMUNITY/ AREA       Venango & Call SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       KDKA       0.25       D       D       D         void DSEs       1.00       Total DSEs       0.25       D       D       D         void DSEs       1.00       S       103,876.41       Gross Receipts Fourth Group       S       396,429.94         Base Rate Fee Third Group       S       2,126.69       Base Rate Fee Fourth Group       S       1,054.50									Stations
Gross Receipts First Group       1,758,446.91         Base Rate Fee First Group       0.00         Base Rate Fee First Group       0.00         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       KDKA       0.25       CALL SIGN       DSE       CALL SIGN       DSE         Orall DSEs       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       1.00       State Fee Third Group       1.99,876.41       Gross Receipts Fourth Group       3.396,429.94         Base Rate Fee Third Group       1.99,876.41       Base Rate Fee Fourth Group       1.054.50			-						
Gross Receipts First Group       s       2,003,451.44       Gross Receipts Second Group       s       1,758,446.91         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Venango & Forest Counties, PA       COMMUNITY/ AREA       Warren & Crawford Counties, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       KDKA       0.25       Call SIGN       DSE       Call SIGN       DSE         Total DSEs       1.00       Site Einst Group       s       0.25       0.25         Gross Receipts Third Group       s       1.99,876.41       Total DSEs       0.25         Base Rate Fee Third Group       s       2,126.69       Base Rate Fee Fourth Group       s       1,054.50									
Gross Receipts First Group       s       2,003,451.44       Gross Receipts Second Group       s       1,758,446.91         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Venango & Forest Counties, PA       COMMUNITY/ AREA       Warren & Crawford Counties, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       KDKA       0.25       Call SIGN       DSE       Call SIGN       DSE         Total DSEs       1.00       Site Einst Group       s       0.25       0.25         Gross Receipts Third Group       s       1.99,876.41       Total DSEs       0.25         Base Rate Fee Third Group       s       2,126.69       Base Rate Fee Fourth Group       s       1,054.50									
Gross Receipts First Group       \$       2,003,451.44       Gross Receipts Second Group       \$       1,758,446.91         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         COMMUNITY/AREA       Venango & Forest Counties, PA       COMMUNITY/AREA       Warren & Crawford Counties, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       KDKA       0.25									
Base Rate Fee First Group       g       0.00       Base Rate Fee Second Group       g       0.00         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Venango & Forest Counties, PA       COMMUNITY/ AREA       Warren & Crawford Counties, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       KDKA       0.25       Image: Caulary of the second diagone	Fotal DSEs	4ł		0.00	Total DSEs	<u> </u>		0.00	
FIFTEENTH SUBSCRIBER GROUP         SIXTEENTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Varango & Forest Counties, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         MFXP       1.00       KDKA       0.25       CALL SIGN       DSE         MFXP       1.00       KDKA       0.25       DE         Intervention       Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan= 2">Colspan= 2"         MFXP       1.00       KDKA       0.25       DE         Intervention       Colspan= 2"       Colspan= 2"       Colspan= 2"         MFXP       1.00       Colspan= 2"       Colspan= 2"       Colspan= 2"         Intervention       Colspan= 2"       Colspan= 2"       Colspan= 2"       Colspan= 2"         Intervention       Same Rate Fee Third Group       Same Rate Fee Fourth Gr	Gross Receipts First G	roup	\$ 2,003,	451.44	Gross Receipts Sec	ond Group	\$ 1,758	8,446.91	
FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Varango & Forest Counties, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00       KDKA       0.25       DSE       CALL SIGN       DSE         VFXP       1.00       Gross Receipts Counties, PA       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       1.00       Sase Rate Fee Third Group       Sase Rate Fee Fourth Group       Sase Rate Fee									
COMMUNITY/ AREA       Venago & Forest Counties, PA       COMMUNITY/ AREA       Warren & Crawford Counties, PA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         VFXP       1.00        KDKA       0.25          VERAPIONE              VERAPIONE              VERAPIONE       1.00        KDKA       0.25          VERAPIONE               VERAPIONE               VERAPIONE               VERAPIONE                VERAPIONE                 VERAPIONE <t< td=""><td><b>Base Rate Fee</b> First G</td><td>roup</td><td>\$</td><td>0.00</td><td>Base Rate Fee Seco</td><td>ond Group</td><td>\$</td><td>0.00</td><td></td></t<>	<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         NFXP       1.00       KDKA       0.25	FI	FTEENTH	SUBSCRIBER GROL	IP		SIXTEENTH	SUBSCRIBER GROUP	>	
NFXP         1.00         KDKA         0.25           Image: state of the state of th	COMMUNITY/ AREA	Venang	o & Forest Count	ties, PA	COMMUNITY/ ARE/	A Warren 8	& Crawford Counti	es, PA	
Image: Second	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group       \$ 199,876.41         Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 1,054.50	NFXP	1.00			KDKA	0.25			
Gross Receipts Third Group       \$ 199,876.41         Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 1,054.50									
Gross Receipts Third Group       \$ 199,876.41       Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 2,126.69       Base Rate Fee Fourth Group       \$ 1,054.50									
Gross Receipts Third Group       \$ 199,876.41       Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 2,126.69       Base Rate Fee Fourth Group       \$ 1,054.50									
Gross Receipts Third Group       \$ 199,876.41         Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 1,054.50									
Gross Receipts Third Group       \$ 199,876.41         Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 1,054.50									
Gross Receipts Third Group       \$ 199,876.41       Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 2,126.69       Base Rate Fee Fourth Group       \$ 1,054.50		· · · · · · · · · · · · · · · · · · ·							
Gross Receipts Third Group       \$ 199,876.41         Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 1,054.50									
Gross Receipts Third Group       \$ 199,876.41         Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 1,054.50									
Gross Receipts Third Group       \$ 199,876.41         Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 1,054.50									
Gross Receipts Third Group       \$ 199,876.41       Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 2,126.69       Base Rate Fee Fourth Group       \$ 1,054.50									
Gross Receipts Third Group       \$ 199,876.41         Gross Receipts Fourth Group       \$ 396,429.94         Base Rate Fee Third Group       \$ 1,054.50									
Base Rate Fee Third Group \$ 2,126.69 Base Rate Fee Fourth Group \$ 1,054.50									
	Fotal DSEs				Total DSEs			0.25	
Base Pate Fee: Add the base rate fees for each subscriber group as shown in the bayes above		i i i i i i i i i i i i i i i i i i i	<u>s</u> 199,	·		th Group	s 394		
	Gross Receipts Third G			876.41	Gross Receipts Four			6,429.94	

LEGAL NAME OF OWNE		LE SYSTEM:				SY	STEM ID# 34166	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
SEVEN	NTEENTH	SUBSCRIBER GROU	IP	E	IP	•		
COMMUNITY/ AREA	Easterr	n Mahoning Coun	ty, OH	COMMUNITY/ AREA W. Mahoning & Trumbull County, O				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WQED	0.25			Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
		-				-		Stations
		-				-		
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts First G	roup	<u>\$</u> 3,398,	054.35	Gross Receipts Seco	ond Group	\$ 2,34	0,921.76	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	6,226.85	
NI	NTEENTH	SUBSCRIBER GROU	IP		TWENTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA				COMMUNITY/ ARE/	A Venango	o Counties, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	202		201	WNEO	0.25		502	
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts Third G	Group	\$ 519	916.05	Gross Receipts Four	rth Group	s c	5,323.24	
	, sup	<u>, 013,</u>			an oroup	<u>·</u> ·		
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	rth Group	\$	253.56	
Base Rate Fee: Add th	e hase ref	a face for each subco	riber group	as shown in the boxe	s above			
Enter here and in block			iner group		3 aDUVE.	\$		

FORM SA3E. PA	١GE	19.
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Armstrong Utilitie							34166
		SUBSCRIBER GRO		TE FEES FOR EA		BER GROUP SUBSCRIBER GRO	UP
COMMUNITY/ AREA	AREA North Central Mercer County, P/ COMMUNITY/ AREA Southern Mercer County, PA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
VPCB	1.00			WPCB	1.00		
VQED	0.25						
	<mark></mark>						
	-						
						[	
tal DSEs	_		1.25	Total DSEs	_		1.00
oss Receipts First G	Group	\$ 97	,600.50	Gross Receipts Se	cond Group	\$ 9	54,315.65
	•		,209.51	Base Rate Fee Se			10,153.92
TWEN	TY-THIRD	SUBSCRIBER GRO	UP	TWE	NTY-FOURTH	SUBSCRIBER GRO	
TWEN	TY-THIRD	SUBSCRIBER GRO	UP		NTY-FOURTH	SUBSCRIBER GRO	
TWEN MMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	UP	TWE COMMUNITY/ ARI	NTY-FOURTH	SUBSCRIBER GRO	
TWEN MMUNITY/ AREA ALL SIGN	TY-THIRD Crawfo	SUBSCRIBER GRO	OUP es, PA	TWE	NTY-FOURTH EA <b>Mercer C</b>	SUBSCRIBER GRO	UP
TWEN DMMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI	NTY-FOURTH EA Mercer C	SUBSCRIBER GRO	UP
TWEN MMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COLL SIGN WFXP	NTY-FOURTH EA Mercer C DSE 1.00	SUBSCRIBER GRO	UP
TWEN MMUNITY/ AREA	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25	SUBSCRIBER GRO	UP
TWEN MMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET	NTY-FOURTH EA Mercer C DSE 1.00 0.25	SUBSCRIBER GRO	UP
TWEN DMMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25	SUBSCRIBER GRO	UP
TWEN DMMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25	SUBSCRIBER GRO	UP
TWEN DMMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25	SUBSCRIBER GRO	UP
TWEN DMMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25	SUBSCRIBER GRO	UP
TWEN DMMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25	SUBSCRIBER GRO	UP
TWEN OMMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25	SUBSCRIBER GRO	UP
TWEN OMMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25	SUBSCRIBER GRO	UP
TWEN DMMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25	SUBSCRIBER GRO	UP
TWEN DMMUNITY/ AREA CALL SIGN	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25	SUBSCRIBER GRO	UP
TWEN DMMUNITY/ AREA CALL SIGN DKA	TY-THIRD Crawfor DSE	SUBSCRIBER GRO	OUP es, PA	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25	SUBSCRIBER GRO	UP
TWEN OMMUNITY/ AREA CALL SIGN DKA DKA otal DSEs		SUBSCRIBER GRO rd & Erie Counti CALL SIGN	UP es, PA DSE	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN WSEE	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	JP DSE
TWEN OMMUNITY/ AREA CALL SIGN DKA DKA		SUBSCRIBER GRO rd & Erie Counti CALL SIGN	UP es, PA DSE	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN WSEE WSEE	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	
CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN COKA	TY-THIRD Crawfor DSE 0.25	SUBSCRIBER GRO rd & Erie Counti CALL SIGN S 2,110	UP es, PA DSE	COMMUNITY/ ARI COMMUNITY/ ARI CALL SIGN WFXP WICU WJET WQLN WSEE WSEE	NTY-FOURTH EA Mercer C DSE 1.00 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	

and       Syndicated         Syndicated       Syndicated         Cull DSEs       100         Total DSEs       0.00         Stations       9,187.47         Gress Receipts First Group       9,187.47         Gress Receipts Scond Group       9,0.00         TWENTY-SEVENTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP         TWENTY-SEVENT SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         Gress Receipts Fourth Group       Stations       Stations	Armstrong Utilitie							34166	
CALL SIGN DSE CALL SIGN DE CALL SIGN DSE CALL SIGN DSE of an and Syndicated Exclusivity. Syndicated Exclusivity Syndicated Exclusivity Strategy Strat									
CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       of         MTXP       1.00       CALL SIGN       DSE       CALL SIGN       DSE       and         MTXP       1.00       CALL SIGN       DSE       CALL SIGN       DSE       and         Syndicated       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       Call SIGN       S       9,187.47       Gross Receipts Second Group       \$       0.00         Total DSEs       0.00       S       9,187.47       Gross Receipts Second Group       \$       0.00         TOMENTY-SEVENTH SUBSCRIBER GROUP       TOTAL DSEs       0.00       \$       0.00         TOMENTY-SEVENTH SUBSCRIBER GROUP       TOMENTY-LEIGHTH SUBSCRIBER GROUP       COMMUNITY AREA       Morrow Comy, OH         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CIAL SIGN       DSE </th <th>COMMUNITY/ AREA</th> <th>French</th> <th>Creek Township</th> <th>, PA</th> <th>COMMUNITY/ AREA</th> <th colspan="3">IUNITY/ AREA Venango County, PA</th> <th>-</th>	COMMUNITY/ AREA	French	Creek Township	, PA	COMMUNITY/ AREA	IUNITY/ AREA Venango County, PA			-
and       Syndicated         Syndicated       Syndicated         Cull DSEs       100         Total DSEs       0.00         Stations       9,187.47         Gress Receipts First Group       9,187.47         Gress Receipts Scond Group       9,0.00         TWENTY-SEVENTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP         TWENTY-SEVENT SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         Gress Receipts Fourth Group       Stations       Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated         Syndicated         Syndicated         Syndicated         Science         For an DSEs         Total DSEs         Conspectives         Sinse Rate Fee First Group         \$ 97.75         Base Rate Fee Science         Conspectives         Total DSEs         Conspectives         Sinse Rate Fee First Group         \$ 97.75         Base Rate Fee Science         Conspectives         Conspectives         Sinse Rate Fee First Group         \$ 97.75         Base Rate Fee Second Group         SouthWINTY/AREA         Western         Conspectives         Conspectives         Sinse Rate Fee First Group         SouthWINTY/AREA         Morrow County, OH         Conspectives         Conspectives         Conspectives         Sinse Rate Fee First Group         SouthWINTY/AREA         Morrow County, OH         Conspectives         Conspectives         Conspectives         Sinse Rate Fee Trint Group         Sinse Rate Fee Fourth Group         Sinse Rate Fee Trint Gr	WFXP	1.00							Base Rate Fe
CALL SIGN       DE									
Surcharge for       Surcharge for         Total DSEs       1.00         Gross Receipts First Group       \$ 9,187.47         Sase Rate Fee First Group       \$ 9,187.47         Sase Rate Fee First Group       \$ 9,187.47         Cotal DSEs       0.00         TWENTY-SEVENTH SUBSCRIBER GROUP       TWENTY-EICHTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Western Erie & North Central Cr         COMMUNITY/ AREA       Morrow County, OH         CALL SIGN       DSE         Gross Receipts Fourth Group       \$ 22,502.63         Sase Rate Fee Furdh Group									-
Image: Second Group       Image: Second Group<			-						-
Distant         Stations			-						_
Stations									Partially
Joint DSEs       1.00       Total DSEs       0.00         Gross Receipts First Group       3       9,187.47       Gross Receipts Second Group       \$       49,811.89         Base Rate Fee First Group       9       97.75       Base Rate Fee Second Group       \$       0.00         TWENTY-SEVENTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Conduction       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Conduction       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Cold DSEs       0.00       Total DSEs       0.00       Cross Receipts Fourth Group       \$       22,502.63         Gross Receipts Third Group       \$       352,659.22       Base Rate Fee Fourth Group       \$       0.00									
Base Raceipts First Group       \$       9,187.47       Gross Receipts Second Group       \$       49,811.89         Base Rate Fee First Group       \$       97.75       Base Rate Fee Second Group       \$       0.00         TWENTY-SEVENTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       COMMUNITY/AREA       Morrow County, OH         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       S       Co.00       Total DSEs       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.000       Base Rate Fee Fourth Group       \$       0.00									Stations
Gross Receipts First Group       s       9,187.47       Gross Receipts Second Group       s       49,811.89         Base Rate Fee First Group       s       97.75       Base Rate Fee Second Group       s       0.00         TWENTY-SEVENTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       COMMUNITY/ AREA       Morrow County, OH         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       S       Cond       S       S       S       S         Fotal DSEs       0.00       S       352,659.22       Total DSEs       0.00       S       S       S       S         Base Rate Fee Third Group       s       0.00       Base Rate Fee Fourth Group       s       0.00       S       S       S									
Base Receipts First Group       \$       9,187.47       Gross Receipts Second Group       \$       49,811.89         Base Rate Fee First Group       \$       97.75       Base Rate Fee Second Group       \$       0.00         TWENTY-SEVENTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       COMMUNITY/ AREA       Morrow County, OH         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       S       Cold       Signes Rate Fee Fourth Group       S       0.00         Gross Receipts Third Group       \$       352,659.22       Total DSEs       0.00       S       0.00         Base Rate Fee Third Group       \$       0.00       S       352,659.22       Signes Rate Fee Fourth Group       \$       0.00			-						
Gross Receipts First Group       s       9,187.47       Gross Receipts Second Group       s       49,811.89         Base Rate Fee First Group       s       97.75       Base Rate Fee Second Group       s       0.00         TWENTY-SEVENTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       COMMUNITY/ AREA       Morrow County, OH         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       S       Cond       S       S       S       S         Fotal DSEs       0.00       S       352,659.22       Total DSEs       0.00       S       S       S       S         Base Rate Fee Third Group       s       0.00       Base Rate Fee Fourth Group       s       0.00       S       S       S									
Gross Receipts First Group       s       9,187.47       Gross Receipts Second Group       s       49,811.89         Base Rate Fee First Group       s       97.75       Base Rate Fee Second Group       s       0.00         TWENTY-SEVENTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       COMMUNITY/ AREA       Morrow County, OH         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       S       Cond       S       S       S       S         Fotal DSEs       0.00       S       352,659.22       Total DSEs       0.00       S       S       S       S         Base Rate Fee Third Group       s       0.00       Base Rate Fee Fourth Group       s       0.00       S       S       S									
Base Receipts First Group       \$       9,187.47       Gross Receipts Second Group       \$       49,811.89         Base Rate Fee First Group       \$       97.75       Base Rate Fee Second Group       \$       0.00         TWENTY-SEVENTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP       COMMUNITY/ AREA       Morrow County, OH         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       S       Cold       Signes Rate Fee Fourth Group       S       0.00         Gross Receipts Third Group       \$       352,659.22       Total DSEs       0.00       S       0.00         Base Rate Fee Third Group       \$       0.00       S       352,659.22       Signes Rate Fee Fourth Group       \$       0.00									
Base Rate Fee First Group       §       97.75       Base Rate Fee Second Group       §       0.00         TWENTY-SEVENTH SUBSCRIBER GROUP         TWENTY-SEVENTH SUBSCRIBER GROUP         COMMUNITY/ AREA       Western Erie & North Central Cr         COMMUNITY/ AREA       Morrow County, OH         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Colspan="4">Colspan="4"Colspan="4">Colspan="4"Colspan="4"Colspan="4"Colspan="4"Colspan="4"Colspan="4"Colspan="4"Colspan="4"Colspan="4"Colspan="4"Colspa="4"Colspa="4"Colspan="4"Colspan="4"Colspan="4"Colspa	Fotal DSEs			1.00	Total DSEs			0.00	
TWENTY-SEVENTH SUBSCRIBER GROUP       TWENTY-EIGHTH SUBSCRIBER GROUP         COMMUNITY/AREA       Western Erie & North Central Cr       COMMUNITY/AREA       Morrow County, OH         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gaussian       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       0.00       \$       352,659.22       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$	Gross Receipts First G	roup	<u>\$</u> 9,	187.47	Gross Receipts Secon	d Group	\$	49,811.89	
TWENTY-SEVENTH       SUBSCRIBER GROUP       TWENTY-EIGHTH       SUBSCRIBER GROUP         COMMUNITY/AREA       Western Erie & North Central Cr       COMMUNITY/AREA       Morrow County, OH         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         GAUSTON       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Group       S       352,659.22       Gross Receipts Fourth Group       \$       22,502.63         Gasee Rate Fee Third Group       \$	<b>Base Rate Fee</b> First G	roup	\$	97.75	Base Rate Fee Secon	d Group	\$	0.00	
COMMUNITY/AREA       Western Erie & North Central Cr       COMMUNITY/AREA       Morrow County, OH         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call DSE       Call DSE       Call DSEs       0.00       Sross Receipts Fourth Group       \$       22,502.63         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00									
CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Control of the state					1			JP	
Image: Second	JOMMUNITY/ AREA	wester	n Erie & North Ce		COMMUNITY/ AREA	MOLLOW	County, OH		
Image: Second	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00									
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00							-		
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00									
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00			-						
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00									
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00			-						
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00									
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00									
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00									
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00									
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00			-						
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00							I		
Gross Receipts Third Group       \$ 352,659.22       Gross Receipts Fourth Group       \$ 22,502.63         Base Rate Fee Third Group       \$ 0.00       Base Rate Fee Fourth Group       \$ 0.00									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00				0.00	Total DSEs			0.00	
	lotal DSEs			659.22	Gross Receipts Fourth	Group	\$	22,502.63	
		Group							
······		Group							
	Gross Receipts Third C		\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	Gross Receipts Third C Base Rate Fee Third C	Group The <b>base rat</b>	<b>te fees</b> for each subsc		Base Rate Fee Fourth		\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Armstrong Utilities, Inc.     34166								
В				TE FEES FOR EACH				
		SUBSCRIBER GROU	IP			SUBSCRIBER GRO	DUP	9
COMMUNITY/ AREA	Greenu	p, w v		COMMUNITY/ AREA	Sandy L	.ake, PA		Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate Exclusivi
								Surcharg
								for
								Partially
						-		Distant
						-		Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	<u>\$</u> 182,	109.25	Gross Receipts Secon	nd Group	\$	132,984.63	
ase Rate Fee First G		\$	0.00	Base Rate Fee Secor		\$	0.00	
		SUBSCRIBER GROU	IP			SUBSCRIBER GRO	OUP	
OMMUNITY/ AREA	Somers	set, PA		COMMUNITY/ AREA North Clarion, PA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third (	Group	\$ 364,	145.75	Gross Receipts Fourt	h Group	\$	328,171.45	
ase Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00	
	r.	<u>L.                                    </u>	J			<u>۲</u>		
ase Rate Fee: Add th	ne base rat	e fees for each subsc	riber aroun	as shown in the boxes	above.			

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Armstrong Utilities, Inc.34166								
В		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAG		RIBER GROUP	OUP	•
COMMUNITY/ AREA	Kinsma	an, OH		COMMUNITY/ ARE	A Andove	er, OH		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fe
								and
								Syndicated
		-						Exclusivity Surcharge
								for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 54	,214.32	Gross Receipts Sec	cond Group	\$	68,334.04	
·	·		·					
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	I SUBSCRIBER GRO	OUP	
COMMUNITY/ AREA	Harris	ville, WV		COMMUNITY/ ARE	A <b>Hamlin</b> ,	, <b>WV</b>		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	1							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	<u>\$</u> 213	,368.22	Gross Receipts Fou	urth Group	\$	514,488.05	
Base Rate Fee Third (	Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth Group \$ 0.00			0.00		
	h - <b>h</b>							
	ase Rate Fee: Add the base rate fees for each subscriber grounter here and in block 3, line 1, space L (page 7)				es above.	\$		
	-,, ,,	(25.95 )				T		

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Armstrong Utilities, Inc.     34166								
В				TE FEES FOR EA				
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	Conne	llsville, PA						Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122 0.011								Base Rate F
								and
		-						Syndicate
		-						Exclusivit
						-		Surcharge for
								Partially
								Distant
								Stations
		-						
		-						
Total DSEs			0.00	Total DSEs	•		0.00	
		¢ 3.404	5,776.24		and Crown	¢ 20		
Gross Receipts First G	houp	\$ 3,405	0,770.24	Gross Receipts Sec	cond Group	\$ 2,0	36,412.05	
<b>Base Rate Fee</b> First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Orrville	ə, OH		COMMUNITY/ AREA Butler/Zelie, PA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-				-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$ 600	),371.83	Gross Receipts Fourth Group		\$ 10.4	96,222.80	
Base Rate Fee Third (	JIOUD	\$	0.00	Base Rate Fee Fou	artin Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		
		space = (page /				<b>T</b>		

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Armstrong Utilities, Inc.     34166								
		COMPUTATION OF SUBSCRIBER GROU		п		BER GROUP	UP	0
COMMUNITY/ AREA	South I	Point, OH		COMMUNITY/ ARE	A Ashlano	d OH		<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
								for Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Gross Receipts First Group \$ 2,003,451.44				cond Group	<u>\$</u> 1,7	58,446.91	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
FI COMMUNITY/ AREA		SUBSCRIBER GROU				SUBSCRIBER GRO		
	venany	jo a i orest couri	цез, г А				illes, FA	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	<u>\$</u> 199,	876.41	Gross Receipts For	urth Group	<u>\$</u> 3	96,429.94	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
<b>Base Rate Fee:</b> Add th Enter here and in block			riber group	as shown in the box	es above.	\$		

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LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Armstrong Utilities, Inc.34166								
BI	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
SEVE	NTEENTH	SUBSCRIBER GROU	JP	EIG	HTEENTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	Easterr	n Mahoning Coun	ty, OH	COMMUNITY/ AREA	W. Mahoning & Trumbull County, O			Compu
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	0
								Base Ra
								an
								Syndic
								Exclus
		-				-		Surch
								foi
						_		Partia
								Dista
								Statio
otal DSEs		-	0.00	Total DSEs			0.00	
ross Receipts First G	roun	\$ 3,398	,054.35	Gross Receipts Secon	d Group	\$ 2,3	40,921.76	
	loup	<u> </u>	,004.00			<u> </u>	+0,521.70	
ase Rate Fee First G	se Rate Fee First Group \$ 0.00							
· · · · · · · · · · · · · · · · · · ·			0.00	Base Rate Fee Secon	d Group	\$	0.00	
NI								
	NTEENTH	SUBSCRIBER GROU	JP	ΤV	VENTIETH	SUBSCRIBER GROU		
	NTEENTH		JP		VENTIETH	SUBSCRIBER GROU		
OMMUNITY/ AREA	NTEENTH	SUBSCRIBER GROU	JP	ΤV	VENTIETH	SUBSCRIBER GROU		
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA	NTEENTH Butler &	SUBSCRIBER GROU	JP Ities, PA	COMMUNITY/ AREA	VENTIETH Venange	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA		SUBSCRIBER GROU	JP nties, PA DSE 	COMMUNITY/ AREA	VENTIETH	SUBSCRIBER GROU	JP DSE	
OMMUNITY/ AREA		SUBSCRIBER GROU	JP nties, PA DSE	COMMUNITY/ AREA	VENTIETH	SUBSCRIBER GROU	JP DSE	
	NTEENTH Butler &	SUBSCRIBER GROU	JP nties, PA DSE 	COMMUNITY/ AREA	VENTIETH	SUBSCRIBER GROU	JP DSE	
OMMUNITY/ AREA CALL SIGN CALL SIGN Dital DSEs ross Receipts Third C	NTEENTH Butler &	SUBSCRIBER GROU	JP nties, PA DSE 0.00 916.05	COMMUNITY/ AREA	VENTIETH	SUBSCRIBER GROU	UP DSE 0.00 95,323.24	
CALL SIGN CALL SIGN DIAL DSES Toss Receipts Third C ase Rate Fee Third C	NTEENTH Butler &	SUBSCRIBER GROU	JP nties, PA DSE 0.00 916.05 0.00	COMMUNITY/ AREA	VENTIETH	SUBSCRIBER GROU	UP DSE 0.00 95,323.24	

LEGAL NAME OF OWNE Armstrong Utilitie		LE SYSTEM:				S	34166 SYSTEM	Name
				TE FEES FOR EAC				
TWEN	TY-FIRST	SUBSCRIBER GROU	JP	TWENT	Y-SECOND	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	North C	Central Mercer Co	ounty, P <i>i</i>	COMMUNITY/ AREA	Souther	n Mercer County	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-				-		Base Rate Fe
		-				-		and
						-		Syndicated
		-						Exclusivity
		-				-		Surcharge for
								Partially
								Distant
		_						Stations
						-		
TILDOF		11	0.00	TILDOF		11	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	<u>\$</u> 97,	600.50	Gross Receipts Seco	ond Group	\$ 9	954,315.65	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GROU	JP	TWEN	TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Crawfo	rd & Erie Countie	es, PA	COMMUNITY/ AREA Mercer County, PA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-				-		
		-				-		
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	<u>\$</u> 2,110,	204.31	Gross Receipts Four	th Group	\$	41,875.47	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Armstrong Utilities, Inc.     34166									
				TE FEES FOR EACH					
		SUBSCRIBER GROU				SUBSCRIBER GROUI	>	9	
COMMUNITY/ AREA	French	Creek Township	, PA	COMMUNITY/ AREA		Computation			
CALL SIGN	SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN					DSE	of		
		-						Base Rate Fee	
								and Syndicated	
								Exclusivity	
								Surcharge	
								for Dorticlly	
								Partially Distant	
								Stations	
						]]			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	<u>\$</u> 9,	187.47	Gross Receipts Secon	d Group	\$ 4	9,811.89		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
TWENTY-S	SEVENTH	SUBSCRIBER GROU	JP	TWENT	Y-EIGHTH	SUBSCRIBER GROUI	þ		
COMMUNITY/ AREA	Wester	n Erie & North Ce	entral Cr	COMMUNITY/ AREA	Morrow	County, OH			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-				-			
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third C	Group	\$ 352,	659.22	Gross Receipts Fourth	Group	\$ 2	2,502.63		
Base Rate Fee Third G	Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	¢			
	, ine 1,	space r (hade 1)				\$			

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation	First 50 major television market	Second 50 major television market
of Base Rate Fee		
and	Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	<ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> </ul>	
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>	
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Liner the Literature DSLS
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#	
Name	Armstrong Utilities, Inc.	34166	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the stat Syndicated Exclusivity Surcharge. Indicate which major television market any by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of		econd 50 major television market	
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VH	IF Grade B contour stations listed in block A part 9 of	
Syndicated Exclusivity Surcharge for	<ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the X Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs</li> </ul>	VHF Grade B contour stations that were classified as sused to compute the surcharge.	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.		
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	ne 1: Enter the VHF DSEs	
		ne 2: Enter the Exempt DSEs	
		he 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SY	YNDICATED EXCLUSIVITY JRCHARGE Second Group	
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP	
		ne 1: Enter the VHF DSEs	
	· · · · · · · · · · · · · · · · · · ·	<ul> <li>e 2: Enter the Exempt DSEs</li> <li>and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation</li></ul>	
	SYNDICATED EXCLUSIVITY SY	/NDICATED EXCLUSIVITY JRCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each su in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E, PAGE 20. SYSTEM ID#	
Nume	Armstrong Utilities, Inc.	34166	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the sta Syndicated Exclusivity Surcharge. Indicate which major television market ar by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of		Second 50 major television market	
Base Rate Fee	INSTRUCTIONS:	//IE Conde Disanteur stations listed in black Alisant C of	
and Syndicated Exclusivity Surcharge	<ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial V this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the Exempt DSEs in block C, part 7 of this schedule. If none enter zero</li> </ul>	VHF Grade B contour stations that were classified as	
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>		
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP	
		ine 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs L	ine 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 Line 3: Subtract	ine 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
		SYNDICATED EXCLUSIVITY SURCHARGE Second Group	
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP	
		ine 1: Enter the VHF DSEs	
	· · · · · · · · · · · · · · · · · · ·	ine 2: Enter the Exempt DSEs ine 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
		SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each s in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#	
Name	Armstrong Utilities, Inc.	34166	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation	·	Second 50 major television market	
of Base Rate Fee	INSTRUCTIONS:		
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial	VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.		
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>		
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs           Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the	
	total number of DSEs for	total number of DSEs for	
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group	
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the	
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group	
	subject to the surcharge	subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7) .		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#	
Name	Armstrong Utilities, Inc.	34166	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation	☐ First 50 major television market ☐ Second 50 major television m	parket	
of Base Rate Fee			
and Sum dia start	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations	s listed in block A, part 9 of	
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.		
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>		
	SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH	I SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs		
		Es	
	Line 3: Subtract line 2 from line 1       Line 3: Subtract line 2 from line 1         and enter here. This is the       and enter here. This		
	total number of DSEs for     total number of DSEs       this subscriber group     this subscriber group		
	subject to the surcharge subject to the surcha	rge	
	computation	······ <u>-</u>	
	SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       SURCHARGE         First Group       \$	۲ 	
	NINEENTH SUBSCRIBER GROUP TWENTYTH	SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1       Line 3: Subtract line 2 from line 1         and enter here. This is the       and enter here. This         total number of DSEs for       total number of DSEs	is the	
	this subscriber groupthis subscriber groupsubject to the surchargesubject to the surcharge		
	computation	······ -	
	SYNDICATED EXCLUSIVITY     SYNDICATED EXCLUSIVITY       SURCHARGE     SURCHARGE       Third Group     Fourth Group	( 	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	s	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E, PAGE 20. SYSTEM ID#
Name	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation	Eirst 50 major television market	Second 50 major television market
of Base Rate Fee	First 50 major television market INSTRUCTIONS:	Second 50 major television market
and	Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	this schedule. <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group fo Exempt DSEs in block C, part 7 of this schedule. If none enter	
for Partially	<b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this	
Distant		es applicable to the particular group. You do not need to show
Stations	your actual calculations on this form.	
	TWENTY-FIRST SUBSCRIBER GROUP	TWENTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
		SURCHARGE Second Group
	First Group	
	TWENTY-THIRD SUBSCRIBER GROUP	TWENTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs.	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea	ch subscriber group as shown
	in the boxes above. Enter here and in block 4, line 2 of space L (page 7	)

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E, PAGE 20. SYSTEM ID#
Name	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marke by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation	First 50 major television market	Second 50 major television market
of Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for commercia	al VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	this schedule.         Step 2:       In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter the schedule is the schedule of the schedule.	zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>	
	TWENTY-FIFTH SUBSCRIBER GROUP	TWENTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the V/HE DSEe	Line 1: Enter the VHF DSEs
	Line 1: Enter the VHF DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	TWENTY-SEVENTH SUBSCRIBER GROUP	TWENTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	