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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
	\$					
2-28-20	ALLOCATION NUMBER					
2-28-20						

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2019/2			
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines of the were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account of the cable system's first filing. If not, enter the system's ID	ss of the cable syster on the last day of to nunting period.	em. he accounting period should so	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A	NEWWAVE C	COMMUNICATIONS	
				6173920192 61739 2019/2
	210 E. EARLL DRIVE PHOENIX, AZ 85012			
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•		
System	1 IDENTIFICATION OF CABLE SYSTEM: TELECOMMUNCATIONS MANAGEMENT, LLC	or the system, if an	more in the address gr	ven in space B.
	MAILING ADDRESS OF CABLE SYSTEM: 3000 N WESTWOOD BLVD. (Number, street, rural route, apartment, or suite number) POPLAR BLUFF, MO 63901 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and r	relist on page 1b
Area Served	with all communities. CITY OR TOWN	STATE		
First	POPLAR BLUFF/BUTLER CO.	MO		
Community	Below is a sample for reporting communities if you report multiple ch		Snace G	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
Cample	Alliance	MD	В	2
	Gering	MD	В	3

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

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

ORM SA3E. PAGE 1b.				•
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE CO	MMUNICATIO	NS	61739	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communiti t community that	es within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	entheses	
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. İ	f you report any s	tations	
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
POPLAR BLUFF/BUTLER CO.	МО			First
				Community
	***************************************	***************************************		
				See instructions for
				additional information
				on alphabetization.
				Add rows as necessary.
	***************************************	***************************************		

	***************************************	***************************************		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATION

61739

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK 1				BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:							
 Service to first set 	2,145	\$	40.00				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	198	\$	40.00				
Converter							
 Residential 							
Non-residential							
							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1							
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE		CATEGORY OF SERVICE	F	RATE
Continuing Services:		Installation: Non-residential						
• Pay cable	9-18.00	Motel, hotel				EXPANDED BASIC	\$	48.00
 Pay cable—add'l channel 		Commercial				FAMILY	\$	16.00
Fire protection	\$ 40.00	• Pay cable				STARZ SUPER	\$	19.00
Burglar protection		 Pay cable-add'l channel 				SHOWTIME UNLTD	\$	19.00
Installation: Residential		Fire protection				HBO WORKS	\$	27.00
• First set		Burglar protection				HBO WORKS	\$	19.00
Additional set(s)		Other services:				CINEMAX	\$	19.00
 FM radio (if separate rate) 		Reconnect	\$	90.00				
Converter		Disconnect						
		 Outlet relocation 	\$	45.00				
		 Move to new address 	\$	30.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATI PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **KPOB** 15.1 POPLAR BLUFF, MO Ν No **WPSD** 6.1 Ν No PADUCAH, KY See instructions for additional information **KSDK** 35 Ν Yes 0 ST. LOUIS, MO on alphabetization. **KBSI** 22.1 CAPE GIRARDEAU, MO ı No **KTEJ** 20.1 Ε Yes 0 JONESBORO, AR **WDKA** 22.2 I 0 Yes PADUCAH, KY **KFVS** 12.1 Ν No CAPE GIRARDEAU, MO KFVS-2 CAPE GIRARDEAU, MO 12.2 I-M No KFVS-3 12.3 I-M CAPE GIRARDEAU, MO No WQWQ 12.2 I-M No CAPE GIRARDEAU, MO WPSD-3 6.3 I-M PADUCAH, KY No 22.3 KBSI-3 I-M CAPE GIRARDEAU, MO No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AG 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AH 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AR 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICAT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIO PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

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

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				S	YSTEM ID#	
TELECOMMUNCATION	NS MANA	GEMENT, L	LC D/B/A NEWWAVE	COMMUNIC	CATIONS		61739	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	 3				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under sp	ecific present and former F0	CC rules, regu	ılations, or author	rizations.	For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBS	TITUTE CARRIAGE					Carriage:
During the accounting per broadcast by a distant state	•	ır cable systen	n carry, on a substitute bas	sis, any nonne			n X No	Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete the	e prograr	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, cation. Do not ucy" or "NE m was broad sign of the stadcast stationadian station th and day we "5/7." es when the Example: a er "R" if the and regulation of the stand regulation of the state of the state of the state of the stand regulation of the stand regulation of the state of the state of the stand regulation of the standard regulation of the stand	attach addition anterwork televion and that your authorization of use general BA Basketball: deast live, enterstation broadcon's location (tons, if any, the when your system of the program carrolisted program carrolisted program ons in effect designation of the program ons in effect designation and the program carrolisted program carrolisted program ons in effect designation and the program of	nal pages. vision program (substitute pour cable system substitute for cable system substitute for see page (vi) of the generategories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "I asting the substitute prograte community to which the community with which the stem carried the substitute or sorried by your fied by a system from 6:01: In was substituted for prograturing the accounting perior	orogram) that ed for the pro- neral instruction "basketball" No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	ensed by the FC entified). e numerals, with List the times a 28:30 p.m. should your system was etter "P" if the list	ounting other started paper rogram C or, in the monaccurated ld be required ted pro	tion hth	
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUT		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES		DELETION	
					· 			
					_			
	L				_			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS 61739 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM FROM** TO DATE TO DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
TEL	ECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUN	ICATI 61739	
Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmission service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s)	\$ 594,033.67	
1	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
InstructionCommonIf you fee for the second of /li>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. ar system did not carry any distant television stations, leave block 3 blank. Enter the ar from block 1 on line 1 of block 4, and calculate the total royalty fee. ar system did carry any distant television stations, you must complete the applicable par from panying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 3 below.	e entered on line 1 of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K		
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		
	This is your minimum fee.	\$ 6,320.52	
1	pistant television stations carried: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule. No—Leave block 3 below blank and continued to the picture of the picture	nn 4, you must check od?	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	27,845.33	
	Line 3. Add lines 1 and 2 and enter here	\$ 27,845.33	
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	\$ 27,845.33	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, ente	r 0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 28,570.33	form for submitting the
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the	additional fees.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
I T aille	TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS	61739
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Onameis	Enter the total number of channels on which the cable system carried television broadcast stations	17
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	236
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-	6195
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
	PHOENIX, AZ 85012 (City, town, state, zip)	
	Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as id in line 1 of space B and that the owner is not a corporation or partnership; or	entified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cain line 1 of space B.	ble system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/RAYMOND STORCK	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and putton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting	
	Typed or printed name: RAYMOND STORCK	
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
	Date: February 28, 2020	

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS 61739	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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)	
 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. 	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period	
ID number	

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE, PAGE 11. (CONTINUED)

	LEGAL MANE OF CAMPER OF CARL	- 0\/07514			67	YSTEM ID#					
1	LEGAL NAME OF OWNER OF CABLE										
	TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS 61739										
	SUM OF DSEs OF CATEGOR		NS:								
	Add the DSEs of each station				4.50						
	Enter the sum here and in line	1 of part 5 of this	s schedule.	ı.	1.50						
	Instructions:										
2	In the column headed "Call S	Sign": list the cal	II signs of all distant stations	identified by t	he letter "O" in column 5						
O a manustration	of space G (page 3).	• for each indep	andent station, give the DSE	= 00 "1 O": for	and naturally or nancom						
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"	mercial educational station, giv	C THE BOL GO 1.2	CATEGORY "O" STATION	JS: DSFs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KSDK	0.250	0		51.22 51511						
	KTEJ	0.250									
	WDKA	1.000									
	WDKA	1.000									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											

,			= 111111111111111111111111111111111111

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

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:							SYSTEM ID#	
Name	TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS 6								61739
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE	JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	SE
			÷		=	<u> </u>		=	
			<u>÷</u>		_	<u> </u>		=	
			÷ ÷		=	X			
			÷		=	X		=	
			÷		=	>	(=	
			÷		=	<u> </u>	<u> </u>	=	
			÷		=)	C	=	
	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,								
Computation of DSEs for Substitute-Basis Stations	 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 								
		SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL 2. NUMBER SIGN OF PROGRAI		3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUN OF PRO	MBER OGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
				=			÷		=
				=			<u>+</u>		=
		-		=			÷		=
				=					=
		-		=			÷		=
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,								
5	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.								
Total Number	1. Number of DSEs from part 2 ● ▶ 1.50								
of DSEs	2. Number of DSEs from part 3 ●								
	3. Number of DSEs from part 4 ●								
							Г		
	TOTAL NUMBER OF DSEs 1.50								

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

LEGAL NAME OF C	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	
TELECOMMU	NCATIONS MA	NAGEMEN	IT, LLC D/B	/A NEWWAVE	COMMUNI	CATIONS		61739	Name
In block A: • If your answer if	ck A must be comp		art 6 and part 7	of the DSE sched	dule blank and	complete part	8, (page 16) of th	e	6
schedule. • If your answer if	"No," complete blo	cks B and C	below.						
	, ,			TELEVISION MA	ARKETS				Computation of
effect on June 24,	m located wholly or , 1981? nplete part 8 of the plete blocks B and	schedule—D C below.	O NOT COMP	LETE THE REMAI	INDER OF PA	.RT 6 AND 7.	CC rules and regu	lations in	3.75 Fee
		BLOG	CK B: CARR	IAGE OF PERI	MITTED DS	ES			-
Column 1: CALL SIGN	under FCC rules	and regulations e DSE Scheo	ns prior to Jun dule. (Note: Th	part 2, 3, and 4 of the 25, 1981. For fulle letter M below re Act of 2010.)	rther explanat	ion of permitted	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station previous	lles and reguled pursuant to on as defined al educational station (76.6 or DSE schedunt to individuviously carried	ations cited be to the FCC mare in 76.5(kk) (70.1 station [76.585) (see paragule). Ital waiver of FC d on a part-time ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	se in effect on 5.57, 76.59(b), (c)(1), 76.63(a) (3(a) referring estitution of gradius prior to Jun	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered state	6.63(a) referring to		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o			rksheet on page 1	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KTEJ	С	0.25							1
									1
								0.25	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				-
Line 1: Enter the	total number of	ا DSEs from	oart 5 of this	schedule			,	1.50	
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve			ır	0.25	
	line 2 from line 1 eave lines 4–7 bl			•		ate.		1.25	
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				\$ 59 × 0.03	4,033.67	Do any of the DSEs represent partially
Line 5: Multiply l	ine 4 by 0.0375 a	and enter su	m here				\$ 2	2,276.26	permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line	3					1.25	If yes, see part 9 instructions.
Line 7: Multiply l	ine 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)		\$ 2	27,845.33	

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

Name	YSTEM ID# 61739		NICATIONS	E COMMUN	B/A NEWWAVI	NT, LLC D/		WNER OF CABLE	
			JED)	S (CONTINI	ION MARKETS	A: TELEVIS	BLOCK		
6	3. DSE	2. PERMITTED BASIS			2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN
Computation 3.75 Fee									

Name	TELECOMMUN			, LLC D/B/A	N	EWWAVE COMM	UNICATIO	ONS		61739
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried price Column 1: List the column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Folia A—Part-time sports 76.59 B—Late-night properties of the column 5: Indicate Column 5: Indicate Column 6: Compare in block	or to June 25, 19 call sign for each the DSE for this the accounting puthe basis of carr CC rules and regecialty programm (d)(1),76.61(e)(1) rogramming: Car (e)(3)). Carriage under cell all instructions in the station's DSI the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state the DSE figure as B, column 3 of the information you state t	181, under former in distant station ic station for a sing period and year in riage on which the gulations cited be ming: Carriage, or 1), or 76.63 (refer rriage under FCC rules, reaches listed in column part 6 for this stated in columns 2	FCC rules governifed by the gle accounting in which the care station was color pertain to a part-time being to 76.61(ed) rules, sections regulations, or orm. accounting per and 5 and tion.	verr lett peri riag arri hos asis (1) (1) s 76 aut list	entifed by the letter "F" ning part-time and subster "F" in column 2 of poiod, occurring between ge and DSE occurred (ied by listing one of the se in effect on June 24 s, of specialty programs)). 6.59(d)(3), 76.61(e)(3), chorizations. For further las computed in parts the smaller of the two	stitute carria art 6 of the January 1, e.g., 1981/ e following lo , 1981.) ming under or 76.63 (r r explanatio 2, 3, and 4 figures her	age.) DSE schedule 1978 and Jun I). etters: FCC rules, se eferring to n, see page (v of this schedule. This figure s	e 30, 196 ctions i) of the e. should be	81. e entered
		PERMITTED	D DSE FOR STA	TIONS CARRI	ΞD	ON A PART-TIME AN	D SUBSTI	TUTE BASIS		
	1. CALL	2. PRIOR		COUNTING	_	4. BASIS OF		RESENT	6. PI	ERMITTED
	SIGN	DSE	PE	ERIOD		CARRIAGE	Г	OSE		DSE
7 Computation of the	Instructions: Block A In block A: If your answer is	"Yes," complete	blocks B and C,		na	urt 8 of the DSE schedu	ıle			
Syndicated	ii your ariswer is	ivo, leave bloc				ELEVISION MARK				
Exclusivity			BLUCK	A. WAJOK	1 0	ELEVISION WARK	<u> </u>			
Surcharge		cable system with blocks B and C		or television ma	rke	et as defned by section 7		rules in effect	June 24,	1981?
	BLOCK B: C:	arriage of VHF/G	Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	
	Is any station listed in commercial VHF stati or in part, over the ca	block B of part on that places a	6 the primary stre	eam of a		Was any station listed nity served by the cab to former FCC rule 76.	in block B	of part 7 carrie	d in any	commu-
	Yes—List each s X No—Enter zero a		its appropriate pern rt 8.	nitted DSE		Yes—List each sta X No—Enter zero ar			ate permit	ted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS	SYSTEM ID# 61739	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	594,033.67	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the 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? Yes—Complete section 3 below. X 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 DS	SE	
	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)		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	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	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 DS 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)	SE	
	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		

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE, PAGE 16.

Name			STEM ID# 61739
		TELECOMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS	01/39
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		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter 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	
	Instruc	ctions:	
8		ust 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. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	1	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	
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
	5	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	_	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	L	Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	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.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank.	
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	
		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	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	

U.S. Copyright Office

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/2

=======================================	ACCOUNTS OF A PART OF A PA	
	SYSTEM ID# OMMUNCATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS 61739	Name
	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	8
'	(the amount in section 1)	
	3. Enter 0.00701 of gross receipts (the amount in section 1)	Computation
	(the amount in section 1) \$	of Base Rate Fee
C	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	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 State Fee Fee State Fee State Fee State Fee State Fee State Fee State Fee Fee State Fee State Fee State Fee State Fee State Fee State Fee Fee Fee Fee Fee Fee Fee Fee Fee F	
	ANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals ead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-	_
ups in Sp		9
	al: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	rom subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation of
this exclu	sion, you must:	Base Rate Fee
	ide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and Syndicated
	the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity
	and up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
•	any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you	for Partially
must also	compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. if your cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
How to Id	dentify a Subscriber Group for Partially Distant Stations	for Partially Permitted
-	or each community served, determine the local service area of each wholly distant and each partially distant station you	Stations
	that community.	
outside th	or each wholly distant and each partially distant station you carried, determine which of your subscribers were located e station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by token, the station is distant to the subscriber.)	
-	rivide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ill have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Computi subscribe	ng the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's r groups.	
In each s		
• Identify	the communities/areas represented by each subscriber group.	
	call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the rs in the group.	
• If:		
	rstem is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,	
2) any po	his schedule; or, rtion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, of this schodule.	
•	of this schedule. DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
in the pa	e gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions aper SA3 form.	
page. In DSEs for	e a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show all calculations on the form.	

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

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	EGAL NAME OF OWNE			LC D/B/A	NEWWAVE COM	MUNICATIO		61739	Name
COMMUNITY AREA OPPLAR BLUFF/BUTLER CO. COMMUNITY AREA O COMMUNITY AREA	E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
CALL SIGN DSE	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GROU	JP		
Asse Rate Fee Third Group \$ 0.00 Cotal DSEs CALL SIGN DSE	COMMUNITY/ AREA	POPLA	R BLUFF/BUTLE	R CO.	COMMUNITY/ ARE	Α		0	
and Syndicate Secularly Syndrome Syndro	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs Oral DSEs Oral DSEs Octor DS									Surcharg
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Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Total DSEs			0.25	Total DSEs			0.00	
Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL	otal DSES			0.23	Total DSEs			0.00	
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THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA									
CALL SIGN DSE CA	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GROU	JP	
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Total DSEs O.00 Gross Receipts Third Group Base Rate Fee Third Group D.00 Base Rate Fee Fourth Group Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Bross Receipts Third G	Broup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee Third G	Group	s	0.00	Base Rate Fee Fou	rth Group	s	0 00	
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	_	\$			0.00	\$		

BLOCK A:	COMPUTATION OF	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	BER GROUP		
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		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	WENTIETH	T	Р	SUBSCRIBER GROU	TEENTH	NIN
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-			-		
	0.00	_		Total DSEs	0.00	ı		otal DSEs
	_							
	0.00	\$	Group	Gross Receipts Fourth	0.00	D	oup	ross Receipts Third Gr

BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	IBER GROUP	
	SUBSCRIBER GRO				SUBSCRIBER GROU	UP
OMMUNITY/ AREA		0	COMMUNITY/ AREA	٩		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
rood Roodipto Filot Group			Gross Reserve Geo	ona Oroup	*	
asa Rata Faa First Group	¢	0.00	Base Rate Fee Sec	and Group	¢	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00
	\$ SUBSCRIBER GROU	UP	TWEN	NTY-FOURTH	\$ SUBSCRIBER GROU	
TWENTY-THIRD				NTY-FOURTH		
TWENTY-THIRD	SUBSCRIBER GRO	UP	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP
TWENTY-THIRD		UP 0	TWEN	NTY-FOURTH		UP 0
TWENTY-THIRD	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD OMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GRO	UP 0	TWEN	NTY-FOURTH	SUBSCRIBER GROU	UP 0
TWENTY-THIRD OMMUNITY/ AREA CALL SIGN DSE Otal DSEs	SUBSCRIBER GRO	DSE	TWEN COMMUNITY/ ARE/	DSE	SUBSCRIBER GROU	DSE
TWENTY-THIRD OMMUNITY/ AREA CALL SIGN DSE Otal DSEs	CALL SIGN	DSE O.00	TWEN COMMUNITY/ ARE/	DSE	CALL SIGN	DSE DSE D.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O
TWENTY-THIRD	CALL SIGN	DSE O.00	TWEN COMMUNITY/ ARE/	DSE TH Group	CALL SIGN	DSE DSE D.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O

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				TE FEES FOR EAC			LID.	
	ı Y-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO		
OMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA	·······		O	Com
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	00
								Base
								ŧ
								Synd
	<mark></mark>							Exc
								Sur
								Pa
								Di
								Sta
		II	0.00	T		П	0.00	
otal DSEs			0.00	Total DSEs			0.00	
oss Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GRO	NID	TWE	NTV-EIGHTH	SUBSCRIBER GROU	ID	
OMMUNITY/ AREA	<u>SEVENTITI</u>	SOBSCINIBLIN GIVE	0	COMMUNITY/ AREA		30B3CNBER GRO	0	
DIMINUNIT IT AREA	***************************************		<u>U</u>	COMMONT TO AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
tol DSCs			0.00	Total DCC-		Ш	0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ase Rate Fee: Add th			scriber group	as shown in the boxes	above.	C		

TWENTY-NINTH SUBSCR	TATION OF BASE RANGE RAN			SUBSCRIBER GROU	JP	
	0					
L SIGN DSE CALL		COMMUNITY/ ARE	٩		0	9
L SIGN DOL CALL	SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
	SIGN DOL	CALL SIGN	DSL	CALL SIGN	DOL	Base Rate
						and
						Syndica
						Exclusiv
						Surchar
						for
						Partial
						Distan Station
	. 					Station
OSEs	0.00	Total DSEs			0.00	
Receipts First Group \$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Rate Fee First Group \$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRTY-FIRST SUBSCR	IBER GROUP	THIF	TY-SECOND	SUBSCRIBER GROU	JP	
/JUNITY/ AREA	0	COMMUNITY/ AREA	<u></u>		0	
L SIGN DSE CALL	SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
DSEs	0.00	Total DSEs			0.00	
					_	
Receipts Third Group \$	0.00	Gross Receipts Fou	rtn Group	<u>\$</u>	0.00	
Rate Fee Third Group \$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCRI	IBER GROUP	
	SUBSCRIBER GROU				SUBSCRIBER GRO	UP
OMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	¢	0.00	Gross Receipts Sec	and Group	¢	0.00
oss Receipts First Group	a	0.00	Gross Receipts Sect	ona Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
·						
THIRTY-FIFTH	\$ SUBSCRIBER GROU	JP	T	HIRTY-SIXTH	\$ SUBSCRIBER GROU	UP
THIRTY-FIFTH				HIRTY-SIXTH		
THIRTY-FIFTH		JP	T	HIRTY-SIXTH		UP
THIRTY-FIFTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH OMMUNITY/ AREA	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH OMMUNITY/ AREA	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH OMMUNITY/ AREA	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH OMMUNITY/ AREA	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH OMMUNITY/ AREA	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH OMMUNITY/ AREA	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH OMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0
THIRTY-FIFTH OMMUNITY/ AREA CALL SIGN DSE Dial DSE	SUBSCRIBER GROU	JP 0	CALL SIGN	HIRTY-SIXTH A DSE	SUBSCRIBER GRO	DSE
THIRTY-FIFTH OMMUNITY/ AREA CALL SIGN DSE Diagram of the control	CALL SIGN	DSE O.00	CALL SIGN CALL SIGN Total DSEs	HIRTY-SIXTH A DSE	CALL SIGN	DSE DSE D.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O
OMMUNITY/ AREA	CALL SIGN	DSE O.00	CALL SIGN CALL SIGN Total DSEs	HIRTY-SIXTH A DSE The Group	CALL SIGN	DSE DSE D.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O

		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (RI
_	Р	SUBSCRIBER GROUP				SUBSCRIBER GROU		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica			_					
Exclusiv								
Surcha								
for								
Partial Distar								
Station								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	FORTIETH		Р	SUBSCRIBER GROU	Y-NINTH	THIRT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	

	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gr
	3.00	-	1-			·	•	
	Į į	Î.				I		

		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (DI
•	Р	SUBSCRIBER GROU	Y-SECOND	FORT	IP	SUBSCRIBER GROU	TY-FIRST	FOR ⁻
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL GIGIT	DOL	CALL GIGIT	BOL	CALL GIGIT	DOL	CALL GIGIT
and							,	
Syndica								
Exclusi								
Surcha							-	
for								
Partial Distar								
Station								
Otatioi								
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	P	SUBSCRIBER GROU	Y-FOURTH	FORT	 JP	SUBSCRIBER GROU	Y-THIRD	FORT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
								OO , ,
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
					<u> </u>			
						-		
					0.00			
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	
		\$	Group			\$	roup	Total DSEs Gross Receipts Third Gr
		\$			0.00	\$	·	

		BER GROUP	SUBSCRIE	TE FEES FOR EACH	D/ (OL IV)	SOME OTATION OF	_OON A: (
•	Р	SUBSCRIBER GROU	RTY-SIXTH	FO	JP	SUBSCRIBER GROU	TY-FIFTH	FOR ⁻
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	OALL GIGIT	DOL	CALL GIGIT		CALL GIGIT	DOL	CALL GIGIT
and						-		
Syndica								
Exclusiv								
Surchar								
for			-				-	
Partial							-	
Distar								
Station								
							,	
					·			
	0.00			Total DSEs	0.00	•		otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	s	oup	ross Receipts First Gro
	0.00	<u>*</u>	а Отоар	Groos Receipts ecosis			Зар	rood redesplot met ere
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-EIGHTH	FOR.	JP	SUBSCRIBER GROU	SEVENTH	FORTY-S
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							,	
						_		
			-					
					·	-		
								
						A contract of the contract of		
			-					
							-	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	·oup	
	_	\$	Group			\$	roup	
	_	\$			0.00	\$ \$		Total DSEs Gross Receipts Third Gr

FORTY-NINTH	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP	
0144111171// 1051	SUBSCRIBER GROU				SUBSCRIBER GRO	UP
OMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	-					
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
				·		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
FIFTY-FIRST	SUBSCRIBER GRO	JP	FII	TY-SECOND	SUBSCRIBER GRO	UP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	-					
······································						
	Ш		H			
otal DSEs		0.00	Total DSEs			0.00
otal DSEs ross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00
	\$			rth Group	\$	_
	\$ s				\$ \$	_

		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (В
^	Р	SUBSCRIBER GROU	Y-FOURTH	FIFT	IP	SUBSCRIBER GROU	Y-THIRD	FIFT
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	202	5,122 5.51.	202	57.22 5751.		07.22 07077		<u> </u>
and						-		
Syndica								
Exclusiv								
Surchar								
for			-					
Partial Distar								
Station								
Otatioi								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
		<u>*</u>						μ
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
	 Р	SUBSCRIBER GROU	FTY-SIXTH	F	 JP	SUBSCRIBER GROU	TY-FIFTH	FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			•		•		· · · · · · · · · · · · · · · · · · ·	
	····							
	0.00			Total DSEs	0.00			otal DSEs
		S S	Group			S	ouo.	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	·oup	
		\$	Group			\$	·oup	Fotal DSEs Gross Receipts Third G

-							
				TE FEES FOR EAC			UD.
	SEVENIH	SUBSCRIBER GRO)UP 0	FII COMMUNITY/ AREA		SUBSCRIBER GROU	0
OMMUNITY/ AREA			U	CONTINUINT T/ AREA			U
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
4-1 DC5		Ш	0.00	T-4-1 DOE		Ш	0.00
otal DSEs			0.00	Total DSEs			0.00
oss Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
FIE		SUBSCRIBER GRO	NID		SIYTIETH	SUBSCRIBER GROU	IID
OMMUNITY/ AREA	11-14114111	SOBSCRIBER GRO	0	COMMUNITY/ AREA		SOBSCRIBER GROU	0
SIMINONIT I/ AREA				COMMONT I/ AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
4-1 DOT		Ш	0.00	T-4-1 DOE		Ш	0.00
otal DSEs			0.00	Total DSEs			0.00
oss Receipts Third (3roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00
							
ase Rate Fee Third (∋roup	\$	0.00	Base Rate Fee Fourt	th Group	 \$	0.00
u se Rate Fee Third (3roup	\$	0.00	Base Rate Fee Fourt	tn Group	\$	0.00
n se Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	tn Group	\$	0.00
	ne base rat			as shown in the boxes		\$	0.00

BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	IBER GROUP	
SIXTY-FIRST	SUBSCRIBER GROU	UP	SIX	TY-SECOND	SUBSCRIBER GROU	UP
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	.	0.00	Gross Receipts Sec	and Craun	•	0.00
oss Receipis Filst Group	3	0.00	Gross Receipts Sec	ona Group	\$	0.00
						11
		0.00				0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
·	\$UBSCRIBER GROU				\$ SUBSCRIBER GROU	
SIXTY-THIRD				CTY-FOURTH		
SIXTY-THIRD		UP	SIX	CTY-FOURTH		UP
SIXTY-THIRD DMMUNITY/ AREA		UP	SIX	CTY-FOURTH		UP
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD DMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
SIXTY-THIRD OMMUNITY/ AREA	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	DSE
SIXTY-THIRD OMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	KTY-FOURTH	SUBSCRIBER GROU	UP 0
OMMUNITY/ AREA	SUBSCRIBER GROU	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE
SIXTY-THIRD COMMUNITY/ AREA CALL SIGN DSE Otal DSEs	CALL SIGN	DSE O.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE DSE
SIXTY-THIRD COMMUNITY/ AREA CALL SIGN DSE Otal DSEs	CALL SIGN	DSE O.00	COMMUNITY/ AREA CALL SIGN Total DSEs	TTY-FOURTH A DSE TH Group	CALL SIGN	DSE DSE

	OUP	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH	T T	COMPUTATION OF SUBSCRIBER GROU		
9	0	- CODOCKIDEN GROC		COMMUNITY/ AREA		ODDONIDEN CHOC		COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							-	
and Syndica								
Exclusiv								
Surchar								
for							,	
Partial Distar								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secor	0.00	\$	oup	ase Rate Fee First Gro
	OUP	\$ SUBSCRIBER GROU	-	SIX	IP	\$ SUBSCRIBER GROU		SIXTY-S
			-					SIXTY-S
	OUP		-	SIX	IP			SIXTY-S OMMUNITY/ AREA
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OWWOTHT IT THE				OOMMONT IT TAKE			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					<u></u>		<u></u>
otal DSEs			0.00	Total DSEs			0.00
oss Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00
ONE HUNDRE	D THIRD	SUBSCRIBER GRO	UP	ONE HUNDRE	D FOURTH	SUBSCRIBER GROU	JP
OMMUNITY/ AREA				 			
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN	
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN	
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN	
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN	
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CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		CALL SIGN	DSE	Total DSEs		CALL SIGN	DSE
otal DSEs		CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE
CALL SIGN CALL SIGN Dital DSEs Toss Receipts Third G		CALL SIGN	DSE	Total DSEs			DSE
otal DSEs	roup	CALL SIGN	DSE	Total DSEs	h Group		DSE
tal DSEs	roup	CALL SIGN	DSE 0.00 0.00	Total DSEs Gross Receipts Fourth	h Group	\$	DSE 0.00 0.00
tal DSEs oss Receipts Third G	roup	\$ \$	DSE 0.00 0.00 0.00	Total DSEs Gross Receipts Fourth	n Group	\$	DSE 0.00 0.00

		BER GROUP	SUBSCRIE	TE LEEP LOK EACH	2, 102	COMPUTATION OF	_OON A. (
	Р	SUBSCRIBER GROU	RED SIXTH	ONE HUND	JP	SUBSCRIBER GROU	ED FIFTH	ONE HUNDR
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL GIGIT	DOL	CALL GIGIT		CALL GIGIT	DOL	CALL GIGIN
and								
Syndica								
Exclusi								
Surcha								
for Partial								
Distar								
Statio								
						-		
	0.00	_		Total DSEs	0.00			otal DSEs
		•	-1 0			•		
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gre
		SUBSCRIBER GROU	D FIGURE	ONE HINDS		SUBSCRIBER GROU		ONE HUNDRED
	0	SUBSCRIBER GROUP	DEIGHTH	COMMUNITY/ AREA	0	SUBSCRIBER GROC	<u> </u>	COMMUNITY/ AREA
	<u> </u>			COMMONT IT AREA				OWINONIT IT AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	0.00			Total DSEs	0.00			Total DSEs
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	
	_	\$	Group			\$	roup	Fotal DSEs Gross Receipts Third G

		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
•	Р	SUBSCRIBER GROUP	ED TENTH :	ONE HUNDR	Р	SUBSCRIBER GROU	D NINTH	ONE HUNDRE
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	ONEE GIGIT	DOL	OALL GIGIN	DOL	OTTLE GIGIT	DOL	OTTEL CICIT
and							_	
Syndica								
Exclusiv								
Surcha								
for								
Partial								
Distar Station								
Station								
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
			·				·	·
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROUP	TWELVTH	ONE HUNDRED	Р	SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							_	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gr
	,					-		

E								
				TE FEES FOR EACH			ID	
ONE HUNDRED THI	KIEENIH	SUBSCRIBER GRO	0 0		UKIEENIH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
		_,						Syndica
								Exclusiv
								Surchar
								for
								Partial
								Distan Station
								Station
otal DSEs			0.00	Total DSEs			0.00	
roog Booginto First C	roup	.	0.00	Gross Receipts Secor	od Croup	.	0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Secon	ia Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HINDRED E	ETEENTU	SUBSCRIBER GRO	N ID	ONE HINDRED	SIVTEENTU	SUBSCRIBER GROU	ID	
	FICCINITI	SUBSCRIBER GRO		ii .	SIXTEENTH	SUBSCRIBER GROC	_	
OMMUNITY/ AREA			0	COMMUNITY/ AREA				
							0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	DSE	CALL SIGN			DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN		
otal DSEs		CALL SIGN				CALL SIGN	DSE	
otal DSEs		CALL SIGN	0.00	Total DSEs			DSE	
otal DSEs ross Receipts Third C	Group	CALL SIGN	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	DSE	
otal DSEs	Group	CALL SIGN	0.00	Total DSEs	n Group		DSE	
otal DSEs	Group	CALL SIGN	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	DSE	
otal DSEs ross Receipts Third G	Group	\$	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	DSE	

	OCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP	
TE HONDINED GEVEN		SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
	-						
		-					
tal DSEs			0.00	Total DSEs			0.00
oss Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ise Rate Fee First Gro	auo	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00
	•						
ONE HUNDRED NIN DMMUNITY/ AREA	HEENIH	SUBSCRIBER GROU	0	COMMUNITY/ AREA		SUBSCRIBER GROU	<u>0</u>
DIVINIONIT I/ AREA			<u>U</u>	COMMONT I/ AREA			<u> </u>
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
	L						
otal DSEs			0.00	Total DSEs			0.00
	oup	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00
	·oup	\$			th Group	\$	
otal DSEs cross Receipts Third Gr	·	\$				\$	
ross Receipts Third G	·	\$ \$	0.00	Gross Receipts Four			0.00
oss Receipts Third Gr	roup	\$	0.00	Gross Receipts Four	th Group		0.00

		BER GROUP	SUBSCRIE	TETELOTON LAGI	DASE KA	COMPUTATION OF	LOCK A: (В
•		SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED TWEN	IP	SUBSCRIBER GROU	NTY-FIRST	ONE HUNDRED TWE
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
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for								
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	0.00	-		Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	ross Receipts First Gr
	0.00	•	d Croup	Book Boto Foe Socor	0.00			lace Bote Fee First Cr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP			0.00	\$ SUBSCRIBER GROUP		
	0.00				0.00			ONE HUNDRED TWEN
				ONE HUNDRED TWEN				ONE HUNDRED TWEN
				ONE HUNDRED TWEN				ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	DSE	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs
	0 DSE	CALL SIGN	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs
	0 DSE	CALL SIGN	DSE Group	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE 0.00 0.00	SUBSCRIBER GROUP	DSE	COMMUNITY/ AREA

		BEIT OITO OI	SOBSCIVIL		DAOL IV	COMI OTATION OF	LOCK A: (BI
0		SUBSCRIBER GROUP	ENTY-SIXTH	ONE HUNDRED TW		SUBSCRIBER GROUP	VTY-FIFTH	ONE HUNDRED TWEN
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL SIGN	DOL	CALL SIGIV	DOL	CALL SIGIN	DOL	CALL SIGN
and							-	
Syndica								
Exclusi						-		
Surcha								
for								
Partial								
Distar Statio								
Otatioi								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	0.00	\$ SUBSCRIBER GROUP			0.00			
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				ONE HUNDRED TWE				NE HUNDRED TWENTY-
				ONE HUNDRED TWE				NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	0	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
	DSE	SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWEI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY- COMMUNITY/ AREA CALL SIGN
	0 DSE	CALL SIGN	DSE	ONE HUNDRED TWEI COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	SUBSCRIBER GROUP	DSE	OMMUNITY/ AREA CALL SIGN otal DSEs
	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	CALL SIGN Community/ AREA Call Sign Cotal DSEs
	0 DSE	CALL SIGN	DSE	ONE HUNDRED TWEI COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	SUBSCRIBER GROUP	DSE	Sase Rate Fee First Grown HUNDRED TWENTY-COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Third Grown Hundred Grown Hundred Twenty-Area Total DSEs

ALL SIGN DSE CALL SIGN DSE D.00 INDES D		OCK A:	COMPLITATION O	F BASE RA	TE FEES FOR FACE	H SUBSCRI	IBER GROUP	
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE					П			1
DIDES S Receipts First Group S 0.00 Base Rate Fee Second Group S 0.00 DINE HUNDRED THERTY-FIRST SUBSCRIBER GROUP MUNITY/ AREA O COMMUNITY/	COMMUNITY/ AREA				11			
DIDES S Receipts First Group S 0.00 Base Rate Fee Second Group S 0.00 DINE HUNDRED THERTY-FIRST SUBSCRIBER GROUP MUNITY/ AREA O COMMUNITY/								
S Receipts First Group Rate Fee Fourth Group Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
S Receipts First Group Rate Fee Fourth Group Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
S Receipts First Group Rate Fee Fourth Group Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
S Receipts First Group Rate Fee Fourth Group Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
S Receipts First Group Rate Fee Fourth Group Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
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S Receipts First Group Rate Fee Fourth Group Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
S Receipts First Group Rate Fee Fourth Group Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
S Receipts First Group Rate Fee Fourth Group Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
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S Receipts First Group Rate Fee Fourth Group Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	atal DSEs			0.00	Total DSEs			0.00
Base Rate Fee Second Group ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP IMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNI								
ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP IMUNITY/ AREA O COMMUNITY/	oss Receipts First Gro	oup	<u>\$</u>	0.00	Gross Receipts Secon	nd Group	\$	0.00
MUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE C	se Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00
MUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE C	ONE HUNDRED THIR	TV-FIRST	SUBSCRIBER GROUP	,	ONE HUNDRED THIS	PTV-SECOND	SUBSCRIBER GROUP	<u> </u>
ALL 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		I I-FIKOI	SUBSCRIBER GROUP		ii		SUBSCRIBER GROUP	_
DSES 0.00 Total DSES 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	DIVINOINT IT AIREA				COMMONT I/ AREA			
Se Receipts Third Group \$ 0.00 Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Se Receipts Third Group \$ 0.00 Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
Se Receipts Third Group \$ 0.00 Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
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Se Receipts Third Group \$ 0.00 Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
Se Receipts Third Group \$ 0.00 Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	451 DO5-			0.00	Tatal DOT			0.00
Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	otal DSEs							
e Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	ross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00
e Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
	ase Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00
					П			
	no Poto Fee: Add the	hees ==1	o food for each substitute	oribor curs	an about in the barre	ahaya		

		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
•		SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED THIS		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED THIS
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa	T DCE	T CALL SIGN	DSE	CALL CICN	l DCE	I CALL SICAL	DSE	CALL CICAL
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
Syndica			-					
Exclusiv								
Surcha								
for			-					
Partial			-					
Distar Station			-					
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Fross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
		SUBSCRIBER GROUP	IRTY-SIXTH	ONE HUNDRED TH		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED THIS
		COBCOTTIBLIT CITOOT		ONE HONDINED II		CODOCINIDEIN CINCOI		ONE HONDINED HIM
	0			COMMUNITY/ AREA	0			OMMUNITY/ ARFA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN	DSE		DSE	CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
		CALL SIGN	DSE			CALL SIGN		
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		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE			CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third G
	DSE		Group	CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN

				TE FEES FOR EACH			
ONE HUNDRED THIRTY COMMUNITY/ AREA	-SEVENIH	SUDSCRIBER GROU	0	COMMUNITY/ AREA		SUBSCRIBER GROUP	0
JOINING WITH IT ANEA				CONTROL IT IT AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs			0.00	Total DSEs		11	0.00
						-	
ross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
ONE HUNDRED THIS	RTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDREI) FORTIFTH	SUBSCRIBER GROU	JP
OMMUNITY/ AREA		ODDOTNIBER ONO	0	COMMUNITY/ AREA		OODOONIDEN ONO.	0
O.IO. I 1, 7 II I.Z. I							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
atal DSCs			0.00	Total DCC-		11	0.00
otal DSEs			0.00	Total DSEs			0.00
ross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00
							-
se Rate Fee: Add the ter here and in block			criber group	as shown in the boxes	above.	¢	

		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	_OCK A: (DI
0		SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED FOR		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED FOR
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
Syndica							-	
Exclusi								
Surcha								
for			-				-	
Partial			-					
Distai Statio								
Station			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
			·	·			·	·
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
		SUBSCRIBER GROUP	ΓΥ-FOURTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED FOR
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	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
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	
		CALL SIGN				CALL SIGN		otal DSEs
	0.00			Total DSEs	0.00	CALL SIGN		Total DSEs
	0.00		Group	Total DSEs	0.00	CALL SIGN	roup	CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G Base Rate Fee Third G

	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP	
ONE HUNDRED FOR	TY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED F	ORTY-SIXTH	SUBSCRIBER GROUP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	l Dec I	T CALL SIGN	l Dec	CALL SICN	I Dec	II CALL SICN	Dec
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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tal DSEs			0.00	Total DSEs			0.00
oss Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
se Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00
NE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-EIGHTH	SUBSCRIBER GROUP	
MMUNITY/ AREA			0	COMMUNITY/ AREA			0
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			-	L	I	L 1	
otal DSEs			0.00	Total DSEs			0.00
			0.00	Total DSEs			0.00
otal DSEs ross Receipts Third Gr	oup	\$	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	0.00
ross Receipts Third Gr	·	\$	0.00	Gross Receipts Fourth		\$	0.00
	·	\$	0.00			\$	
oss Receipts Third Gr	·	\$ \$	0.00	Gross Receipts Fourth			0.00
oss Receipts Third Gr	roup		0.00	Gross Receipts Fourth	n Group		0.00

of	JP	SUBSCRIBER GROU) EIETIETH	ONELUNDOE				
Computa				ONE HUNDRE	IP	SUBSCRIBER GROL	Y-NINTH	ONE HUNDRED FORT
of	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
4	DOL	CALL GIGIT	DOL	OALL CICIY	DOL	ONLE GIGIT	DOL	CALL GIGIT
and								
Syndica								
Exclusiv								
Surcha								
for Partial								
Partial Distar								
Station								
<u>.</u>								
_								
-								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	JP	SUBSCRIBER GROU	Y-SECOND	ONE HUNDRED FIFT	IP	SUBSCRIBER GROU	Y-FIRST	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
]	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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]	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	σιουρ	Gross Receipts Fourth	0.00	Ψ	oup	Gross Receipts Third G
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	oup	a se Rate Fee Third G

				TE FEES FOR EACH				
	TY-THIRD	SUBSCRIBER GRO		ONE HUNDRED FIFT	Y-FOURTH	SUBSCRIBER GROL		9
OMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
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								Surchar
								for
								Partiall Distan
								Station
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gr	oup		0.00	Gross Receipts Secor	nd Group	\$	0.00	
. 000 . 1000.ptdot 0.	Cup				.а Отоар	<u> </u>		
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	DUP	ONE HUNDRED F	IFTY-SIXTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA		0020011121110110	0	COMMUNITY/ AREA			0	
O							•	
CALL SIGN								
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
otal DSEs		CALL SIGN				CALL SIGN		
otal DSEs Fross Receipts Third G		CALL SIGN	0.00	Total DSEs			0.00	
otal DSEs fross Receipts Third G	roup	CALL SIGN	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	0.00	
otal DSEs	roup	CALL SIGN	0.00	Total DSEs	n Group		0.00	
otal DSEs	roup	CALL SIGN	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	0.00	
otal DSEs ross Receipts Third G	roup	\$ \$	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	0.00	

	OCK A	COMPLITATION O	FRASERA	TE FEES FOR EACH	I SLIBSCRII	RER GROUP	
ONE HUNDRED FIFTY		SUBSCRIBER GROUP				SUBSCRIBER GROUP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
OALL GIGIN	DOL	OALL GIGIT	DOL	CALL GIGIT	DOL	OALL GIGIT	DOL
	,						
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		-					
			0.00				0.00
otal DSEs			0.00	Total DSEs			0.00
oss Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GROUP)	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GROUP	
DMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					···········
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otal DSEs			0.00	Total DSEs			0.00
	roup	\$			h Group	\$	0.00
	roup	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	
Total DSEs Gross Receipts Third G Base Rate Fee Third G	·	\$ \$	0.00			\$ \$	
ross Receipts Third G	·	\$ \$	0.00	Gross Receipts Fourt			0.00
ross Receipts Third G	roup		0.00	Gross Receipts Fourt	h Group		0.00