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

### SA3E Long Form

### 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						
2/12/2020	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting	2019/2									
Period										
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Heart of Iowa Communications Cooperative									
				62045	520192					
				62045	2019/2					
	PO Box 130									
	Union, IA 50258-0130									
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	stem unless	s these					
С	names already appear in space B. In line 2, give the mailing address of	of the system, if di	ferent from the address giv	en in space	э B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and r	elist on nad	ne 1h					
Area	with all communities.	, o,		pg	,					
Served	CITY OR TOWN	STATE								
First	UNION	IA								
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#					
Sample	Alda	MD	A		1					
	Alliance	MD	В		2					
	Gering	MD	В		3					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2019/2						
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
Heart of Iowa Communications Cooperative			62045							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form										
of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.  If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).  When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a										
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b	a subscriber grou									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
UNION ALBION	IA IA			First Community						
LISCOMB NEW PROVIDENCE	IA IA									
HAVERHILL FERGUSON	IA IA			See instructions for						
BEAMAN ELDORA	IA IA IA			additional information on alphabetization.						
LAUREL STEAMBOAT ROCK	IA IA IA									
UNICORPORATED AREAS: HARDIN COUNTY	IA			Add rows as necessary.						
MARSHALL COUNTY GRUNDY COUNTY	IA IA									

	_		

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
Heart of lowa Communications Cooperative
62045

### 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.

BLO	OCK 1			BLOC	K 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	F	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	864	\$	99.00	Residential Local Channels Only	102		\$33.00
<ul> <li>Service to additional set(s)</li> </ul>				Commercial Local Channels Onl	10		\$33.00
<ul> <li>FM radio (if separate rate)</li> </ul>				Commercial	2	\$	205.18
Motel, hotel				Commercial	1	\$	248.00
Commercial	39	\$	99.00	Commerical	1	\$	200.00
Converter				Franchise Obiligation 1st Set	16	\$	-
<ul> <li>Residential</li> </ul>				Employee serv 1st Set	13	\$	49.50
Non-residential				Employee Local Channels Only	1	\$	16.50
	1			<b> </b>	1	1	

# F

### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2						
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	F	RATE	
Continuing Services:			Installation: Non-residential				
• Pay cable			Motel, hotel		HBO Plex	\$	16.95
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial		Cinemax Plex	\$	13.95
<ul> <li>Fire protection</li> </ul>			• Pay cable		HBO/Cinemaz Combo Ple	\$	27.95
<ul><li>Burglar protection</li></ul>			<ul> <li>Pay cable-add'l channel</li> </ul>		Showtime/Movie Channel	\$	13.95
Installation: Residential			<ul> <li>Fire protection</li> </ul>		STARZ Plex	\$	13.95
<ul> <li>First set</li> </ul>	\$	60.00	<ul> <li>Burglar protection</li> </ul>		Employee Movie Package	\$	27.93
<ul> <li>Additional set(s)</li> </ul>	\$		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect				
<ul> <li>Converter</li> </ul>			Disconnect				
			<ul> <li>Outlet relocation</li> </ul>				
			<ul> <li>Move to new address</li> </ul>				

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Namo		
Heart of Iowa C	62045	Name						
PRIMARY TRANSMITTERS: TELEVISION								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis 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 substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specifc FC		-	•	is carried by your	cable system on a substitute program	Television		
<ul> <li>Do not list the station station was carried</li> </ul>	•		st it in space I (t	he Special Stater	ment and Program Log)—if the			
<ul> <li>List the station here,</li> </ul>	and also in spa	ace I, if the st			stitute basis and also on some othe of the general instructions located			
		sign. Do not	report origination	n program servic	ces such as HBO, ESPN, etc. Identify			
			•	•	nation. For example, report multi ch stream separately; for example			
WETA-simulcast).	-2 . Oimulcast	Streams mus	t be reported in	Column 1 (list ea	on stream separately, for example			
			-		ation for broadcasting over-the-air ir s may be different from the channe			
on which your cable sy	,stem carried t	he station		<b>3</b>	•			
					dependent station, or a noncommercia icast), "I" (for independent), "I-M			
					commercial educational multicast)			
For the meaning of the					the paper SA3 form Yes". If not, enter "No". For an ex			
planation of local servi	ce area, see p	age (v) of the	general instruc	tions located in t	he paper SA3 form			
,				•	i, stating the basis on which you entering "LAC" if your cable syster			
carried the distant stat		-		•	* *			
					Ity payment because it is the subjectystem or an association representin			
					rystem of an association representing any transmitter, enter the designa			
` '			•	•	other basis, enter "O." For a furthe ted in the paper SA3 form			
					ity to which the station is licensed by the			
		. ,		•	ith which the station is identifed			
Note: If you are utilizing	ig multiple cha		EL LINE-UP	•	я спаппе ше-ир.	<u> </u>  -		
4 6411	2 P'CAST				6. LOCATION OF STATION	-		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
_	NUMBER	STATION	` ′	(If Distant)				
KGAN CBS	2	N	NO		CEDAR RAPIDS, IA			
KPXR ION	4	1	NO		CEDAR RAPIDS, IA	See instructions for		
KWWL NBC	7	N	NO		WATERLOO, IA			
KCCI CBS	8	N	NO			additional information		
KCRG ABC	9				DES MOINES, IA			
KDIN IPTV	9	N	NO			additional information		
	11	N E	NO NO		CEDAR RAPIDS, IA	additional information		
	11	E	NO		CEDAR RAPIDS, IA DES MOINES, IA	additional information		
KFXA FOX	11 14	E	NO NO		CEDAR RAPIDS, IA DES MOINES, IA CEDAR RAPIDS, IA	additional information		
KFXA FOX KCRG 9.4 H&I	11 14 18	E I N	NO NO NO		CEDAR RAPIDS, IA  DES MOINES, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA	additional information		
KFXA FOX KCRG 9.4 H&I KPXR ION QUBO	11 14 18 27	E I N	NO NO NO		CEDAR RAPIDS, IA  DES MOINES, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA	additional information		
KFXA FOX KCRG 9.4 H&I KPXR ION QUBO KPXR.3 ION PLUS	11 14 18 27 28	E I N I	NO NO NO NO		CEDAR RAPIDS, IA  DES MOINES, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA	additional information		
KFXA FOX KCRG 9.4 H&I KPXR ION QUBO KPXR.3 ION PLUS KWKB AZTECA A	11 14 18 27 28 30	E I N I N N	NO NO NO NO NO		CEDAR RAPIDS, IA  DES MOINES, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  IOWA CITY, IA	additional information		
KFXA FOX KCRG 9.4 H&I KPXR ION QUBO KPXR.3 ION PLUS KWKB AZTECA A KWWL.3.NBC	11 14 18 27 28 30 31	E I N I I N N N	NO NO NO NO NO NO		CEDAR RAPIDS, IA  DES MOINES, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  IOWA CITY, IA  WATERLOO, IA	additional information		
KFXA FOX KCRG 9.4 H&I KPXR ION QUBO KPXR.3 ION PLUS KWKB AZTECA A KWWL.3.NBC KCRG.2 ABC	11 14 18 27 28 30 31 34	E I N I I N N N N	NO NO NO NO NO NO NO		CEDAR RAPIDS, IA  DES MOINES, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  IOWA CITY, IA  WATERLOO, IA  CEDAR RAPIDS, IA	additional information		
KFXA FOX KCRG 9.4 H&I KPXR ION QUBO KPXR.3 ION PLUS KWKB AZTECA A KWWL.3.NBC KCRG.2 ABC IPTV.2 KDIN	11 14 18 27 28 30 31 34 35	E I N I I N N N E	NO		CEDAR RAPIDS, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA WATERLOO, IA CEDAR RAPIDS, IA DES MOINES, IA	additional information		
KFXA FOX KCRG 9.4 H&I KPXR ION QUBO KPXR.3 ION PLUS KWKB AZTECA A KWWL.3.NBC KCRG.2 ABC IPTV.2 KDIN IPTV.3 KDIN	11 14 18 27 28 30 31 34	E I N I I N N N N	NO NO NO NO NO NO NO		CEDAR RAPIDS, IA  DES MOINES, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  IOWA CITY, IA  WATERLOO, IA  CEDAR RAPIDS, IA	additional information		
KFXA FOX KCRG 9.4 H&I KPXR ION QUBO KPXR.3 ION PLUS KWKB AZTECA A KWWL.3.NBC KCRG.2 ABC IPTV.2 KDIN	11 14 18 27 28 30 31 34 35	E I N I I N N N E	NO		CEDAR RAPIDS, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA WATERLOO, IA CEDAR RAPIDS, IA DES MOINES, IA	additional information		
KFXA FOX KCRG 9.4 H&I KPXR ION QUBO KPXR.3 ION PLUS KWKB AZTECA A KWWL.3.NBC KCRG.2 ABC IPTV.2 KDIN IPTV.3 KDIN	11 14 18 27 28 30 31 34 35	E I N I I N N N E E	NO N		CEDAR RAPIDS, IA  DES MOINES, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  IOWA CITY, IA  WATERLOO, IA  CEDAR RAPIDS, IA  DES MOINES, IA	additional information		

FORM SA3E. PAGE 3.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N		
Heart of Iowa Communications Cooperative	62045	Name		
PRIMARY TRANSMITTERS: TELEVISION				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under				
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network pro 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	· -	Primary		

substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	_
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KGAN.2 CBS	41	N	NO		CEDAR RAPIDS, IA
KCRG.3 ABC	44	N	NO		CEDAR RAPIDS, IA
KGAN.3 CBS	45	N	NO		CEDAR RAPIDS, IA
KFXA.3 FOX	46	I	NO		CEDAR RAPIDS, IA
KFXA.4 FOX	47	I	NO		CEDAR RAPIDS, IA
KWWL.4 NBC	215	N	NO		WATERLOO, IA
KGAN HD CBS	502	N	NO		CEDAR RAPIDS, IA
KPXR HD ION	504	I	NO		CEDAR RAPIDS, IA
KWWL HD NBC	507	N	NO		WATERLOO, IA
KCCI HD CBS	508	N	NO		DES MOINES, IA
KCRG HD ABC	509	N	NO		CEDAR RAPIDS, IA
IPTV HD KDIN	511	Е	NO		DES MOINES, IA
IPTV.2 HD KDIN	535	Е	NO		DES MOINES, IA

Primary Transmitters: Television

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62045 **Heart of Iowa Communications Cooperative** 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 € **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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WOI ABC	5	N	NO		DES MOINES, IA
KCCI CBS	8	N	NO		DES MOINES, IA
KFPX ION	10	I	NO		DES MOINES, IA
KDIN IPTV	11	Е	NO		DES MOINES, IA
KCWI CW	12	E	NO		DES MOINES, IA
WHO NBC	13	N	NO		DES MOINES, IA
KDMI THIS	16	I	NO		DES MOINES, IA
KDSM FOX	17	I	NO		DES MOINES, IA
KCWI.2	20	E	NO		DES MOINES, IA
KCWI.3	21	E	NO		DES MOINES, IA
KCWI.4	22	E	NO		DES MOINES, IA
WHO.2 NBC	23	N	NO		DES MOINES, IA
WHO.3	24	N	NO		DES MOINES, IA
WHO.4	25	N	NO		DES MOINES, IA
WOI.4	26	N	NO		DES MOINES, IA
WOI.2	29	N	NO		DES MOINES, IA
KCCI 8.2	32	N	NO		DES MOINES, IA
KCCI 8.3	33	N	NO		DES MOINES, IA

FORM SA3E. PAGE 3.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Heart of Iowa Communications Cooperative	62045	Name		
PRIMARY TRANSMITTERS: TELEVISION				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under				
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network pro	5	Primary		

nd (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on ε substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast 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 channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

	CHANNEL LINE-UP AD									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
IPTV.2 KDIN	35	E	NO		DES MOINES, IA					
IPTV.3 KDIN	36	Е	NO		DES MOINES, IA					
IPTV.4 KDIN	37	Е	NO		DES MOINES, IA					
KFPX.2 QUBO	39	I	NO		CEDAR RAPIDS, IA					
KFPX.3 ION	40	I	NO		CEDAR RAPIDS, IA					
KDSM.2	42	I	NO		DES MOINES, IA					
KDSM.3	43	I	NO		DES MOINES, IA					
KDSM.4	47	I	NO		DES MOINES, IA					
WOI.3	49	N	NO		DES MOINES, IA					
WOI HD ABC	505	N	NO		DES MOINES, IA					
KCCI HD CBS	508	N	NO		DES MOINES, IA					
KFPX ION HD	510	I	NO		CEDAR RAPIDS, IA					
IPTV HD KDIN	511	Е	NO		DES MOINES, IA					
KCWI CW HD	512	E	NO		DES MOINES, IA					
WHO HD NBC	513	N	NO		DES MOINES, IA					
KDSM HD FOX	517	I	NO		DES MOINES, IA					
IPTV.2 HD KDIN	535	Е	NO		DES MOINES, IA					

Transmitters: Television

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	Communica	tions Coop	erative		62045	
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
In General: In space carried by your cable: FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis: basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-Simulcast). Column 2: Give th its community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during cions in effect of 6.61(e)(2) and sis, as explaine Stations: With CC rules, regul in here in space only on a substand also in spinformation control.  ch station's call associated with A-2". Simulcast e channel number in each case are entering the legister carried to each case are entered "Y he distant statistion on a part-tipsion of a distant tentered into caprimary transistimulcasts, also ree categories e location of each side and categories e location of each side area, see pave entered into caprimary transistimulcasts, also ree categories e location of each side area, see e location of each side area, see pave entered into caprimary transistimulcasts, also ree categories e location of each side area.	ry television so the accounting of the account o	g period except 981, permitting to 76.6 paragraph y distant station horizations: st it in space I (the ation was carried itute basis station to the reported in the sassigned to hannel 4 in Was station is a network), "N-M" all educational), he general instruction of the general or U.S. stations, stations, stations, stations, stations, stations, stations in the station of the general or U.S. stations, stations in the station of the general or U.S. stations, stations is stational.	(1) stations carried the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statemed by the television statemed by the television statemed by the television statemed by the special special statemed by the s	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	G Primary Transmitters: Television
Note: If you are utilizing	ng multiple cha	nnel line-ups	, use a separate	e space G for eacl	n channel line-up.	
	1	CHANN	EL LINE-UP	AE		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	Communicat	ions Coop	erative		62045	Nume
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program basis sunder specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 5: If you h cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	G, identify ever system during to ions in effect of 6.61(e)(2) and	y television state accounting in June 24, 19 (4), or 76.63 (4), or 76.63 (5) (4), or 76.63 (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	g period except 981, permitting to 76.6 paragraph y distant station norizations: st it in space I (the ation was carried tute basis static report origination coording to its own to be reported in the assigned to pannel 4 in Wash attaion is a network), "N-M" all educational), regeneral instructive area, (i.e. "general instruction 1, you must conduct a discounting period ause of lack of a earn that is not sure 30, 2009, bussociation repression of the general the poundation of the general the poor the general the genera	(1) stations carried he carriage of cer 61(e)(2) and (4))]; is carried by your he Special Statement of both on a substant, see page (v) on program service ver-the-air designation of the television state hington, D.C. This ork station, an indeferment of "E-M" (for noncuctions located in the distant"), enter "Y distinguished in the television of the television state or "E-M" (for noncuctions located in the distant"), enter "Y distinguished column 5, indexed channel subject to a royalt etween a cable sy esenting the prime channel on any constructions located in structions located in the prime of the	es". If not, enter "No". For an ex see paper SA3 form stating the basis on which you ntering "LAC" if your cable syster capacity ty payment because it is the subject ystem or an association representing transmitter, enter the designation of the paper SA3 form	Primary Transmitters: Television
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	e the name of t	the community wit	ty to which the station is licensed by the the which the station is identifed	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	n channel line-up.	
	1	CHANN	EL LINE-UP	AF		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	Communicat	tions Coop	erative		62045	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program basis basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WETA-simulcast).  Column 2: Give the its community of licension which your cable sy Column 3: Indicate educational station, by (for independent multi. For the meaning of the	G, identify ever system during to ions in effect of 6.61(e)(2) and sis, as explaine stations: With CC rules, regular here in space only on a substand also in spaformation condum. It is station's call associated with a second or m.  See techannel num is e. For example yetem carried to in each case or entering the lecast), "E" (for nesse terms, see	y television sithe accounting in June 24, 19 (4), or 76.63	g period except 981, permitting to (referring to 76.6 paragraph y distant station horizations: st it in space I (the ation was carried it the basis station report origination coording to its own to be reported in the assigned to hannel 4 in Wasistation is a network), "N-M" all educational), the general instru	(1) stations carrie he carriage of cer 51(e)(2) and (4))]; is carried by your he Special Statem and both on a substants, see page (v) on program service ver-the-air designa column 1 (list each the television state hington, D.C. This ork station, an ind (for network multi or "E-M" (for noncutions located in	s and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the ditute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example tion for broadcasting over-the-air in a may be different from the channe dependent station, or a noncommercia cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form es". If not, enter "No". For an ex	G Primary Transmitters: Television
planation of local serv Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th	ice area, see p ave entered "Y he distant stati tion on a part-ti sion of a distan t entered into c a primary trans simulcasts, als nree categories	age (v) of the fes" in column on during the me basis bect multicast stren or before Jumitter or an action of enter "E". If s, see page (v	e general instruction 4, you must conduct accounting perseause of lack of the earn that is not the accounting accounting the accounting accounting the accounting accounting the accounting accounting the general instruction accounting the accounting accounting accounting accounting the accounting account	tions located in the implete column 5, iod. Indicate by er activated channel subject to a royalf etween a cable syesenting the prima channel on any constructions locat	e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	
FCC. For Mexican or ( Note: If you are utilizing		nnel line-ups,		space G for each	th which the station is identifed n channel line-up.	
		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Heart of Iowa C	Communicat	tions Coop	erative		62045	- ·- <del>-</del>
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program basubstitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable is Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you heable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	G, identify ever system during to ions in effect of 6.61(e)(2) and sis, as explaine stations: With CC rules, regulated in here in space only on a substand also in spanformation conditions. Chastation's call associated with associated with a carried to e channel number of energy entering the legant of each case of entering the legant in each case of	ry television sign the accounting the accounting on June 24, 19 (4), or 76.63 (ed in the next respect to an ations, or autile G—but do lissitute basis ace I, if the st cerning substitute has a station act streams must be the feet "N" (for responded in commercial page (v) of the entry of the local series ace (v) of the feet in column on during the important page (v) of the feet in column of the important page (v) of the feet in column of the important page (v) of the feet in column or before Justing and the feet in column or before Justing and the feet in the	g period except 981, permitting to 76.6 paragraph y distant station horizations: st it in space I (the ation was carried itute basis station to the reported in the sassigned to hannel 4 in Was station is a network), "N-M" all educational), he general instruction area, (i.e. "a general instruction area (i.e	(1) stations carried the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statement of the Special Special Special Special Statement of the Special	es". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster	Primary Transmitters: Television
Note: If you are utilizing				•	th which the station is identifec h channel line-up.	
		CHANN	EL LINE-UP	AH		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	communicat	ions Coop	erative		62045	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute Pasis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-simulcast).  Column 2: Give the its community of licens on which your cable is Column 3: Indicate educational station, by	G, identify ever system during to ions in effect of 6.61(e)(2) and	y television stathe accounting in June 24, 19 (4), or 76.63 (ed in the next respect to any ations, or auth G—but do lissifute basis ace I, if the stateming substitute is sign. Do not the a station ac streams must ber the FCC he, WRC is Che station whether the setter "N" (for in June 24, 19 (ed in June 24)).	g period except 981, permitting to 76.6 paragraph y distant station norizations: st it in space I (thation was carried tute basis static report origination coording to its own to be reported in the sassigned to nannel 4 in Washattion is a network), "N-M"	(1) stations carried he carriage of cere (1) (2) and (4))]; is carried by your the Special Statement of both on a substant, see page (v) for program service (ver-the-air designation) and the television statington, D.C. This ork station, an indefor network multi	s and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the ditute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identification. For example, report multi the stream separately; for example tion for broadcasting over-the-air in may be different from the channe dependent station, or a noncommercia cast), "I" (for independent), "I-M	G Primary Transmitters: Television
For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried to carried the distant state. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	ese terms, see ation is outside ce area, see p ave entered "Y he distant station on a part-tision of a distant entered into o a primary trans simulcasts, als aree categories e location of ea	page (v) of the the local ser age (v) of the es" in column on during the me basis bect multicast strong or before Justiter or an account of the estimate of th	the general instructivice area, (i.e. " general instruction 4, you must confide accounting period ause of lack of the general instruction 30, 2009, but it is not in the general you carried the confideration of the general or U.S. stations,	actions located in idistant"), enter "Y tions located in the implete column 5, iod. Indicate by eractivated channel subject to a royalf etween a cable syesenting the prima channel on any coinstructions locat list the community.	es". If not, enter "No". For an ex se paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	n channel line-up.	
		CHANN	EL LINE-UP	Al		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	Communicat	tions Coop	erative		62045	
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
In General: In space carried by your cable: FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis: basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-Simulcast). Column 2: Give th its community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during sitions in effect of 6.61(e)(2) and sis, as explaine Stations: With CC rules, regular here in space only on a substand also in spinformation conditions. Ch station's call associated with A-2". Simulcast e channel number of a cast), "E" (for nese terms, see paive entered "Y he distant statistion on a part-tistion of a distant tentered into ca primary transsimulcasts, also ree categories e location of ease	ry television so the accounting of the account o	g period except 981, permitting to 76.6 paragraph y distant station horizations: st it in space I (the ation was carried itute basis station to the reported in the sassigned to hannel 4 in Was station is a network), "N-M" all educational), he general instruction of the general or U.S. stations, stations, stations, stations, stations, stations, stations in the station of the general or U.S. stations, stations in the station of the general or U.S. stations, stations is stational.	(1) stations carried he carriage of cer 61(e)(2) and (4))]; is carried by your he Special Statemed by the Special Statemed by	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	Primary Transmitters: Television
Note: If you are utilizing	ng multiple cha	nnel line-ups	, use a separate	space G for each	n channel line-up.	
		CHANN	EL LINE-UP	AJ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Heart of Iowa C	communicat	ions Coop	erative		62045	- Namo
PRIMARY TRANSMITTI	ERS: TELEVISION	NC				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during to ions in effect of 6.61(e)(2) and to sis, as explaine stations: With CC rules, regular here in space only on a substand also in spation condum.  The station's call associated with a channel num	the accounting in June 24, 19 (4), or 76.63 (ed in the next respect to any attions, or auth G—but do listitute basis ace I, if the stateming substitute is sign. Do not ha station ac streams must ber the FCC I	g period except 981, permitting to 76.6 paragraph y distant station norizations: st it in space I (the ation was carried itute basis static report origination coording to its own the reported in thas assigned to	(1) stations carrie the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statem and both on a substatem ons, see page (v) on program service ver-the-air designa column 1 (list each of the television sta	s and low power television stations) ad only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute progran ment and Program Log)—if the ditute basis and also on some othe of the general instructions located less such as HBO, ESPN, etc. Identification. For example, report multi action for broadcasting over-the-air in a may be different from the channe	Primary Transmitters: Television
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	e in each case of the cast), "E" (for no ese terms, see ation is outside ice area, see pave entered "Y he distant staticion on a partition of a distant tentered into of a primary transsimulcasts, also ree categories e location of each canadian static	whether the setter "N" (for noncommercial page (v) of the the local services" in column on during the me basis becat multicast strain or before Justille on the column on during the me the services of the se	network), "N-M" al educational), al educational), al egeneral instructivice area, (i.e. "general instruction 4, you must conduce of lack of eam that is not une 30, 2009, be association reprofityou carried the of the general or U.S. stations, we the name of the general of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations of the general or U.S. stati	(for network multi- or "E-M" (for nonc- uctions located in the 'distant"), enter "Y titions located in the properties of the column 5, iod. Indicate by er activated channel subject to a royalt etween a cable sy esenting the prima e channel on any columnity instructions locate its the community with	es". If not, enter "No". For an ex se paper SA3 form stating the basis on which you ntering "LAC" if your cable syster capacity by payment because it is the subject stem or an association representing any transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is identifec	
		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	communicat	ions Coop	erative		62045	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable s	system during to ions in effect of 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and also in spartformation condum.  The station's call associated with a station's call associated with a spartformation conducts. Simulcast e channel numbers. For example, system carried to	he accounting n June 24, 19 (4), or 76.63 (ed in the next respect to any ations, or auth G—but do listitute basis ace I, if the stateming substitute sign. Do not h a station ac streams must ber the FCC he, WRC is Chees tation	g period except 281, permitting the 281, permitting the 281, permitting the 281, permitting the 281, permitting to 76.6 paragraph by distant station provided in the 281, permitting the 281, permitting the 281, permitting to 281, permitting to 281, permitting the 281	(1) stations carrie he carriage of cer st (e)(2) and (4))]; s carried by your me Special Statem d both on a substans, see page (v) on program service/er-the-air designation column 1 (list each the television stanington, D.C. This	s and low power television stations) ad only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the ditute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi the stream separately; for example tion for broadcasting over-the-air in a may be different from the channe	G Primary Transmitters: Television
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		CHANN	EL LINE-UP	ΔΙ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	1	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	Communicat	ions Coop	erative		62045	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable s	system during to ions in effect of 6.61(e)(2) and to 6.61(e)(2) an	he accounting n June 24, 19 (4), or 76.63 (ed in the next respect to any ations, or auth G—but do listitute basis ace I, if the stateming substitute sign. Do not h a station ac streams must ber the FCC he, WRC is Chees tation	g period except 181, permitting the referring to 76.6 paragraph by distant station norizations: at it in space I (the ation was carried tute basis station report origination coording to its own to be reported in the passion and the sassigned to the same I 4 in Wash	(1) stations carrie he carriage of cer st (e)(2) and (4))]; s carried by your me Special Statem d both on a substans, see page (v) on program service/er-the-air designation column 1 (list each the television stanington, D.C. This	s and low power television stations) ad only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the ditute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identification. For example, report multi the stream separately; for example tion for broadcasting over-the-air in a may be different from the channe	G Primary Transmitters: Television
(for independent multi- For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried to carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for nese terms, see ation is outside ice area, see pave entered "Yhe distant staticion on a part-tision of a distant entered into ca primary transsimulcasts, also ree categoriese location of ea Canadian static	oncommercia page (v) of the the local ser age (v) of the es" in column on during the me basis bec t multicast stra n or before Ju mitter or an a o enter "E". If s, see page (v ach station. Fo ons, if any, giv	al educational), one general instructivice area, (i.e. "general instruction 4, you must confuse of lack of a geam that is not succeeded and the succeeding period of the general for U.S. stations, we the name of the general instruction of the general or U.S. stations, we the name of the general instruction of the general or U.S. stations, we the name of the general instruction of the general or U.S. stations, we the name of the general instruction of the general or U.S. stations, we the name of the general instruction of the general or U.S. stations, we the name of the general instruction of the general instruction of the general or U.S. stations, we then name of the general instruction o	or "E-M" (for noncictions located in the distant"), enter "Y tions located in the mplete column 5, and. Indicate by eractivated channel subject to a royalt etween a cable system of the prima channel on any constructions locat list the community with the community with distance or second or secon	es". If not, enter "No". For an ex se paper SA3 form stating the basis on which you ntering "LAC" if your cable syster capacity by payment because it is the subject stem or an association representing ary transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the the which the station is identifec	
		CHANN	EL LINE-UP	AM		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	Communicat	ions Coop	erative		62045	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable s	system during to ions in effect of 6.61(e)(2) and to 6.61(e)(2) an	he accounting n June 24, 19 (4), or 76.63 (ed in the next respect to any ations, or auth G—but do listitute basis ace I, if the streeming substitute sign. Do not h a station ac streams must ber the FCC I e, WRC is Cheestation	g period except 281, permitting the 281, permitting the 281, permitting the 281, permitting the 281, permitting to 76.6 paragraph by distant station provided in the 281, permitting the 281, permitting the 281, permitting to 281, permitting to 281, permitting the 281	(1) stations carrie he carriage of cer st (e)(2) and (4))]; s carried by your me Special Statem d both on a substans, see page (v) on program service/er-the-air designation column 1 (list each the television stanington, D.C. This	s and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the ditute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identification. For example, report multi ach stream separately; for example tion for broadcasting over-the-air in a may be different from the channe	G Primary Transmitters: Television
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,		•	EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	Communicat	tions Coop	erative		62045	
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
In General: In space carried by your cable: FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis 5 basis under specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-simulcast). Column 2: Give the	G, identify ever system during to consider the constant of the	y television single accounting of the accounting of the next respect to an ations, or autions, or autions, or autions accel, if the statement of the statement	g period except 981, permitting to 76.6 paragraph y distant station norizations: st it in space I (the ation was carried itute basis static report origination coording to its own the reported in thas assigned to	(1) stations carrie he carriage of cer 61(e)(2) and (4))]; s carried by your he Special Statement of both on a substant, see page (v) on program service ver-the-air designation of the television statement of television	s and low power television stations) ad only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute progran ment and Program Log)—if the ditute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identification. For example, report multi the stream separately; for example tion for broadcasting over-the-air in smay be different from the channe	G Primary Transmitters: Television
educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried the distant state For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	e in each case  / entering the le cast), "E" (for n ese terms, see cation is outside ice area, see p ave entered "Y he distant stati- tion on a part-ti sion of a distan t entered into o a primary trans simulcasts, als nree categories e location of ea Canadian static	whether the setter "N" (for reconcommercial page (v) of the the local services" in column on during the me basis bect multicast structure or an action of the	network), "N-M" al educational), al educational), al egeneral instructivice area, (i.e. " general instruction 4, you must concern accounting periodical earn that is not une 30, 2009, but saysociation representation of U.S. stations, we the name of the use a separate	(for network multior "E-M" (for noncuctions located in distant"), enter "Y tions located in the mplete column 5, iod. Indicate by eractivated channel subject to a royalt etween a cable syesenting the prima e channel on any constructions located. Itst the community with a space G for each	res". If not, enter "No". For an ex the paper SA3 form stating the basis on which you netering "LAC" if your cable syster capacity the payment because it is the subject system or an association representing any transmitter, enter the designation of the paper SA3 form the paper SA3 form the station is licensed by the the which the station is identified.	
	1	CHANN	EL LINE-UP	AO		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	communicat	tions Coop	erative		62045	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you heable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during to ions in effect of 6.61(e)(2) and sis, as explaine stations: With CC rules, regular here in space only on a substand also in spationary and also in spationary and associated with associated with a carried to a in each case of entering the legant of a cast, "E" (for neese terms, see ation is outside ice area, see pave entered "Y he distant station of a distant at entered into of a primary transismulcasts, also ree categories e location of each	y television significant of the accounting of the account of the acco	g period except 981, permitting to 76.6 paragraph y distant station horizations: st it in space I (the attion was carried itute basis station report origination coording to its own to be reported in the assigned to hannel 4 in Waslestation is a network), "N-M" all educational), where the attion is a network of the general instruction 4, you must concounting period accounting period attion of the general in the same of lack of a seam that is not such association representation of the general or U.S. stations,	(1) stations carrie the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statement of the Special State	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	Primary Transmitters: Television
Note: If you are utilizing				•		
	ı	CHANN	EL LINE-UP	AP		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				,		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	Communicat	ions Coop	erative		62045	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis 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 substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated the 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 channe 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 noncommercia						
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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 identifec						
-		CHANN	EL LINE-UP	AQ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	<u></u>	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	communicat	ions Coop	erative		62045	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis 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 substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated transmulcast 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia						
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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 identified.						
,		CHANN	EL LINE-UP	ΔR		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	ommunicat	ions Coop	erative		62045	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis 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 substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated the path of the 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 channe 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 noncommercia						
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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 furthe 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 identified.						
Note: If you are utilizing			EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						·
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM II	Namo
Heart of Iowa C	Communicat	ions Coop	erative		6204	45
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during to lions in effect of 6.61(e)(2) and of sis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period except 981, permitting t referring to 76.6 paragraph	(1) stations carrie he carriage of cer 61(e)(2) and (4))];	s and low power television stations) d only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute progran	Primary Transmitters: Television
pasis 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify						
cast stream as "WETA WETA-simulcast).	\-2". Simulcast	streams mus	t be reported in	column 1 (list eac	ation. For example, report multi ch stream separately; for example	
its community of licens on which your cable s	se. For exampl ystem carried t	e, WRC is Ch he station	annel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in s may be different from the channe lependent station, or a noncommercia	
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 ex						
planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe						
Column 6: Give th	e location of ea Canadian statio	nch station. Fo ons, if any, give	or U.S. stations, re the name of t	list the communithe community with	ed in the paper SA3 form by to which the station is licensed by the ch which the station is identifec	
Trotor ir you are uniizii	- Ig malapio ona		EL LINE-UP		топанногино ар.	
4.041	o Bloagt				S LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	communicat	ions Coop	erative		62045	
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis 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 substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificate 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 channe 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-N" (for network multicast). "If (for independent), "I-M" (fo						
(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 ex  planation 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 you  cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster  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 subjec  of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin  the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa  tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe  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 identified						
Note: If you are utilizing	ng multiple cha		•	•	n channel line-up.	
	1	CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
					011111111111111111111111111111111111111	

FORM SA3E. PAGE 3.					0)/07514 ID//		
Heart of Iowa C			erative		SYSTEM ID# 62045	Name	
PRIMARY TRANSMITTI			- Clative		02040		
In General: In space (carried by your cable s	rn General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis 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						
Substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
pasis 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 spa formation cond	ace I, if the sta			itute basis and also on some othe of the general instructions located		
Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast).	ch station's call associated wit a-2". Simulcast	h a station ac streams mus	cording to its over t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identifi ation. For example, report multi ch stream separately; for example		
its community of licens on which your cable sy	se. For exampleystem carried t	e, WRC is Ch he station	annel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air ir s may be different from the channe lependent station, or a noncommercia		
educational station, by (for independent multion For the meaning of the	entering the lecast), "E" (for neese terms, see	etter "N" (for n oncommercia page (v) of th	network), "N-M" al educational), ne general instru	(for network multi or "E-M" (for nonc actions located in	cast), "I" (for independent), "I-M commercial educational multicast)		
	ave entered "Y he distant stati	es" in column on during the	4, you must co accounting per	omplete column 5, iod. Indicate by er	stating the basis on which you ntering "LAC" if your cable syster		
of a written agreement the cable system and	t entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, b association repre	etween a cable sy esenting the prima	ty payment because it is the subjecty stem or an association representing transmitter, enter the designatother basis, enter "O." For a furthe		
explanation of these the Column 6: Give the	nree categories e location of ea Canadian static	s, see page (vach station. Fo ons, if any, giv	y) of the general or U.S. stations, ve the name of t	instructions locat list the communit the community wit	ed in the paper SA3 form ty to which the station is licensed by the th which the station is identifec		
Trock in you are annum	.9	•	EL LINE-UP	•	, statute ap		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION	,	(If Distant)			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Heart of Iowa C	ommunicat	ions Coop	erative		62045	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis 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 substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated the path of the 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 channe 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 noncommercia						
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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 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 furthe 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 identified						
Note: If you are utilizing	-		EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62045 **Heart of Iowa Communications Cooperative** 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

TOTAL GAGE, TAGE 0.						Accounting	12111001 2013/2
Heart of Iowa Commun			•		S	62045	Name
SUBSTITUTE CARRIAGE	E. SDECIA	I STATEME	NT AND DECCEAM LO	2			
In General: In space I, ident substitute basis during the avexplanation of the programm form.	ify every non	nnetwork televiseriod, under spe	sion program broadcast by ecific present and former FC	a distant stati CC rules, regu	lations, or authorizations.	For a further	<b> </b> Substitute
	CONCER	MINC CURC	TITLITE CARRIACE				Carriage:
SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							Special
hwa adacat by a distant station!							Statement and Program Log
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							
log in block 2.		MO.					
2. LOG OF SUBSTITUTE In General: List each subst	titute progra	ım on a separa		wherever po	ssible, if their meaning is	3	
clear. If you need more spa			al pages. ision program (substitute i	rogram) that	t during the accounting		
period, was broadcast by a						ntion	
under certain FCC rules, re	gulations, c	or authorization	s. See page (vi) of the ger	neral instructi	ons located in the paper		
SA3 form for futher informatitles, for example, "I Love I				r basketball	. List specific program		
Column 2: If the program	n was broad	dcast live, ente	r "Yes." Otherwise enter "I				
			asting the substitute progra ne community to which the		ensed by the ECC or in		
the case of Mexican or Car							
	,	when your sys	tem carried the substitute	program. Us	e numerals, with the mo	nth	
first. Example: for May 7 giv		s substitute nro	gram was carried by your	cahle system	n I jet the times accurate	alv	
to the nearest five minutes.						ary .	
stated as "6:00-6:30 p.m."	"D" : 6 41.	B. A. A				.1	
to delete under FCC rules a			was substituted for progra			d	
gram was substituted for pr							
effect on October 19, 1976.							
				WHE	EN SUBSTITUTE		
S	UBSTITUT	E PROGRAM	<b>.</b>		IAGE OCCURRED	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 FROM — TO	DELETION	
					_		
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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

	1									
Name	Heart of low		E SYSTEM: cations Coope	rative					S	YSTEM ID# 62045
<b>J</b> 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-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 column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.  Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."  State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the 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."									
			DATE	S AND HOURS	OF F	PART-TIME CAF	RRIAGE			
	CALL SIGN	WHEN	I CARRIAGE OCC			CALL SIGN	WHEN	CARRIAGE O		
		DATE	HOU FROM	TO			DATE	FROM	OURS	TO
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	SAJE: PAGE 7.  IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name				
Hea	art of Iowa Communications Cooperative	62045	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)							
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 567,632.22 (Amount of gross receipts)					
Instru Com Com If yo fee the second of the s	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.  If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of						
	k 3 below. irt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er	ntered on line 2 in block					
	olow. Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	ld be entered on line					
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  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.	\$ 6,039.61					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ispace G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	n 4, you must check d?					
Block 3	Line 1. <b>BASE RATE FEE:</b> 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	\$					
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00					
	Line 3. Add lines 1 and 2 and enter here	\$ -					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	\$ 6,039.61	Cable systems submitting additional				
	zero.  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				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 6,764.61	appropriate form for submitting the additional fees.				
	EFT Trace # or TRANSACTION ID #						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta						

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

				PAGE 0.					
Name	LEGAL NAME OF OWNER OF CABLE SYST Heart of Iowa Communication		S	62045					
M	= ::	the number of channels on which the cable system carrie							
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	· · · · · · · · · · · · · · · · · · ·	rated channels ied television broadcast stations	359						
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 Kathi Patten		Telephone <b>641-486-2211</b>	***************************************					
	Address PO Box 130 (Number, street, rural routure) Union,IA 50258-	e, apartment, or suite number)							
	(City, town, state, zip)		(optional) 641-486-2205						
			(optional)						
	CERTIFICATION (This statement	of account must be certifed and signed in accordance wit	h Copyright Office regulations.)						
O Certifcation	I, the undersigned, hereby certify	that (Check one, but only one, of the boxes.)							
	(Owner other than corporation	n or partnership) I am the owner of the cable system as ide	ntifed in line 1 of space B; or						
		orporation or partnership) I am the duly authorized agent on the owner is not a corporation or partnership; or	f the owner of the cable system as identified						
	(Officer or partner) I am an o in line 1 of space B.	fficer (if a corporation) or a partner (if a partnership) of the lec	gal entity identifed as owner of the cable system						
		faccount and hereby declare under penalty of law that all sta the best of my knowledge, information, and belief, and are m							
	X								
	(e.g., /s/ Jo	ectronic signature on the line above using an "/s/" signature to on the Smith). Before entering the first forward slash of the /s/ sign type /s/ and your name. Pressing the "F" button will avoid en	ature, place your cursor in the box and press the "	'F2"					
	Typed or	orinted name: /s/Bryan Amundson							
		ieneral Manager  Title of official position held in corporation or partnership)							
	Date: F	ebruary 12, 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 the 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 telephon 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 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 lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N				
Heart of Iowa Communications Cooperative	62045	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system services and amounts collected from subscribers receiving secondary transmissions pursuant	em for the basic nall not include sub-	Special Statement Concerning				
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 second made by satellite carriers to satellite dish owners?	ary transmissions					
X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late paymen For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA:		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	x days					
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For furthe contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	assistance please					
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copy please list below the owner, address, first community served, accounting period, and ID number as g 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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

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

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

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

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

0.330% of gross receipts

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

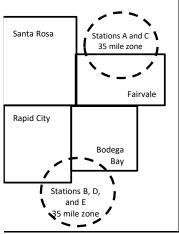
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE:**

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

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



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

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6 384 00

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

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

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

**ACCOUNTING PERIOD: 2019/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAG					<u> </u>	VOTEM ID#	
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:				3	48TEM ID# 62045	
-	Heart of Iowa Communications Cooperative 62						
	SUM OF DSEs OF CATEGORY "O" STATIONS:						
	Add the DSEs of each station.				0.00		
	Enter the sum here and in line	0.00					
	Instructions:						
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5						
	of space G (page 3).						
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."						
Category "O"	merolar educational station, g	ve the DOL as .	CATEGORY "O" STATIO	NS: DSEs			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	0.122 0.011		57 LEE 51511	202	07.122.01.1		
Add rows as							
necessary.							
Remember to copy							
all formula into new							
rows.							

I		lk	
I	k	I	

Name		OWNER OF CABLE SYSTEM:  a Communications C	ooperative					S	62045
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-	at the call sign of all distals: For each station, give the correspond with the information of the correspond with the information of the color of the call signs of the color of the color of the color of the call signs of the c	the number of hou mation given in some total number of the total number of the 2 by the figurent mal point. This is station, give the "figurent lumn 4 by the figurent son DSE. (For more	irs your cable systemace J. Calculate on flours that the state in column 3, and the "basis of carriage type-value" as "1.0." are in column 5, and the incolumn 5, and	m carried the sta nly one DSE for e- cion broadcast ov give the result in ge value" for the s For each netwo d give the result in dding, see page (	tion during the cach station. We the air during the decimals in options of the cache of the cach	ring the accou column 4. This nmercial educ Round to no la neral instructi	unting period. s figure must ational station,	
	1. CALL SIGN	2. NUMBE OF HOL CARRIE	R 3. JRS	NUMBER OF HOURS STATION	4. BASIS OF CARRIAG VALUE	=	5. TYPE VALUE	6. DS	E
		SYSTEM	÷ ÷ ÷ ÷ ÷ ÷	ON AIR		x x x x		= = = = = = = = = = = = = = = = = = = =	
	SUM OF DSE	OF CATEGORY LAC S	÷ ÷		=	x x x		=	
	Add the DSEs			dule,			0.00		
Computation of DSEs for Substitute-Basis Stations	Column 1: Giv • Was carried tions in effe • Broadcast o space I). Column 2: at your option. Column 3: Column 4: l	e the call sign of each state of the call sign of each state of the condition of the condition of the call sign of the call s	itution for a progras shown by the ork programs durinumber of live, nespond with the interior to the calendar year 2 by the figure	am that your systen letter "P" in column ng that optional carr connetwork program ormation in space I. year: 365, except in in column 3, and gi	n was permitted to a page (as shown by as carried in substance).  a leap year.  we the result in co	to delete und d the word "Ye titution for pr olumn 4. Rou	er FCC rules s" in column 2 ograms that v  und to no less	of were deleted than the third	rm).
		SU	BSTITUTE-B	ASIS STATION	S: COMPUTA	ATION OF	DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUM OF PRC	IBER OGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷		=
		-		=			÷		=
		÷		=			÷		=
	Add the DSEs	÷ OF SUBSTITUTE-BASI of each station. Im here and in line 3 of pa	IS STATIONS:	= dule,			0.00		=
5		ER OF DSEs: Give the ames applicable to your system		xes in parts 2, 3, and	4 of this schedule	e and add the	m to provide tl	he total	
Total Number	1. Number o	f DSEs from part 2 ●				<b>-</b>		0.00	
of DSEs		f DSEs from part 3 ● f DSEs from part 4 ●				<u> </u>		0.00	
	TOTAL NUMBE	R OF DSEs							0.00

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

	OWNER OF CABLES  Communication		rative				S	YSTEM ID# 62045	Name
In block A:  If your answer if schedule.	ck A must be comp	mainder of pa	·	of the DSE sched	lule blank and	d complete part	8, (page 16) of the	e	6
ıı your answer if	"No," complete blo			TELEVISION MA	ARKETS				Computation of
effect on June 24, Yes—Com	m located wholly or , 1981? nplete part 8 of the olete blocks B and	utside of all m	najor and smal	er markets as defii	ned under se		CC rules and regul	ations in	3.75 Fee
		BLO	CK B: CARF	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	of distant sta and regulatio e DSE Scheo	ations listed in ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re	this schedule ther explanat	that your syste	d stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre	les and reguled pursuant to on as defined al educationa I station (76.6 r DSE schedu ant to individu viously carrie HF station wi	ations cited be of the FCC marks in 76.5(kk) (70 all station [76.58] (55) (see paragiule). It is a waiver of FC d on a part-tim ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on .57, 76.59(b) )(1), 76.63(a) 3(a) referring stitution of gr is prior to Jur	June 24, 1981 , 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			orksheet on page 1	4 of 3. DSE	
SIGN	BASIS	J. DOL	SIGN	BASIS	J. DOL	SIGN	BASIS	J. DOL	
								0.00	
_		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	e total number of	DSEs from <sub>l</sub>	part 5 of this	schedule					
ine 2: Enter the	e sum of permitte	d DSEs fron	n block B abo	ve					
	line 2 from line 1 leave lines 4–7 b			•		rate.		0.00	
ine 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply I	line 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted carriage?
ine 6: Enter tot	al number of DSE	Es from line	3					<u>-</u>	If yes, see part 9 instructions.
ine 7: Multiply I	line 6 by line 5 an	d enter here	e and on line	2, block 3, space	L (page 7)			0.00	

	of OWNER OF CABLE  va Communication		erative				S	STEM ID# 62045	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		П	2. PERMITTED BASIS	3. DSE	6
									Computation o
									0.70100
***									
								***************************************	

**ACCOUNTING PERIOD: 2019/2** 

Name	LEGAL NAME OF OWN							SYSTE	
Name	Heart of Iowa C	communica	tions Coopera	tive				6	2045
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Formal Column 4: Indicate A—Part-time sp. 76.59 B—Late-night price To S—Substitute ca gener Column 5: Indicate Column 6: Comparion block	or to June 25, call sign for ea the DSE for the accounting the basis of cac CC rules and recialty program (d)(1),76.61(e) rogramming: C(e)(3)). arriage under call instructions the station's Ee the DSE figure B, column 3 conformation your sign of the station of the station's Column 3 conformation your sign of the station's Column	1981, under former ich distant station in is station for a sing g period and year i arriage on which the regulations cited be mining: Carriage, o ()(1), or 76.63 (refer carriage under FCC coertain FCC rules, in the paper SA3 for the current ires listed in column of part 6 for this state u give in columns:	r FCC rules gov dentifed by the ligle accounting properties of the station was callow pertain to the partition of the properties of the pr	identifed by the letter "F" erning part-time and sub etter "F" in column 2 of period, occurring between arge and DSE occurred arried by listing one of the hose in effect on June 24 usis, of specialty program (1)).  176.59(d)(3), 76.61(e)(3) authorizations. For further od as computed in parts list the smaller of the two	estitute carricant 6 of the n January 1 (e.g., 1981. e following 4, 1981.) arming unde n, or 76.63 (er explanation 2, 3, and 4 or figures he	iage.)  DSE schedule.  1, 1978 and June/1).  letters:  FFCC rules, see (referring to on, see page (videon, see page).  If of this schedule.  This figure see the seedule.	e 30, 1981.  ctions  ) of the e. hould be enter	
		DEDMITTE	ED DOE EOD OTA	TIONS CARRIE	D ON A DART TIME AN	ID GLIDGTI	TI ITE DACIO		
	1. CALL	2. PRIC		COUNTING	D ON A PART-TIME AN 4. BASIS OF		RESENT	6. PERMIT	TED
	SIGN	DSE		ERIOD	CARRIAGE	_	DSE	DSE	ובט
	SIGN	DSL	Г	LINIOD	CANNAGE	'	DOL	DSL	
<b>7</b> Computation of the		"Yes," comple	te blocks B and C,		part 8 of the DSE sched	ule.			
Syndicated			BLOC	A: MAJOR	TELEVISION MARK	ET			
Exclusivity									
Surcharge	Is any portion of the or	cable system w	ithin a top 100 majo	or television mark	et as defned by section 7	6.5 of FCC	rules in effect Ju	ne 24, 1981?	
	Yes—Complete	blocks B and	C .		No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHF	/Grade B Contour	Stations	BLOCK	C: Compu	utation of Exemp	ot DSEs	
	Is any station listed in	block B of pa	rt 6 the primary str	eam of a	Was any station listed	l in block B	of part 7 carried	l in any commւ	u-
	commercial VHF stati		a grade B contoui	r, in whole	nity served by the cab		orior to March 3	1, 1972? (refer	
	or in part, over the ca	ble system?			to former FCC rule 76	5.159)			
	Yes—List each s	tation below with	h its appropriate perr	mitted DSE	Yes—List each st	ation below	with its appropriat	e permitted DSE	Ē
	X No—Enter zero a	and proceed to p	oart 8.		X No—Enter zero a	nd proceed t	to part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	N DSI	E
							-		
						<b></b>			
		_					-		
		1	TOTAL DSEs	0.00			TOTAL DSE	Ēs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Heart of Iowa Communications Cooperative	SYSTEM ID# 62045	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	567,632.22	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  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?  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 Distance in the property of the policy of the polic	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	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	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		
Section	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.		
4a	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	9E	
	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		

Name		ME OF OWNER OF CABLE SYSTEM:  Heart of Iowa Communications Cooperative	TEM ID# 62045
7	Section	TOUR OF THE COMMITTING COOPERATE	
7	4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$	
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here	
		F. Multiply line D by line E and enter here ▶ \$	
		G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u>
	Instru	ctions:	
8	You m	sust 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.  bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	• If you blank	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Dase Nate i ee		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	
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$	
	Section	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 <b>4.000 or less,</b> compute your base rate fee here and leave section 4 blank.	
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts	
		(the amount in section 1) ▶ <b>\$</b>	
		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	0.00

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

LEGAL N	AND OF OMNER OF CARLE OVOTEN.	0)/0751410//	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 62045	Name
пеан	of Iowa Communications Cooperative	02043	
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		0
•	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) <b>&gt;</b>		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) <b>\$</b>		of
	C. Multiply line B by 3.000 and enter here <b>&gt;</b>		Base Rate Fee
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	C. Mulkinkulina D. kulina C. and autockara		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro	•	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.	ile criannei iine-	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta clusion, you must:	ke advantage of	of
			Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deterr		Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe	e for each group.	Exclusivity Surcharge
_	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		for
must a	If any portion of your cable system is located within the top 100 television market and the station is not exemp so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block Aer, if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
1 .	For each community served, determine the local service area of each wholly distant and each partially distant	: station you	Stations
Step 2 outside	to that community.  For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the		
	ne token, the station is distant to the subscriber.) : Divide your subscribers into subscriber groups according to the complement of stations to which they are dist	ant Fach	
subscri	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.	te that a cable	
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups.	system's	
In each	section:		
	fy the communities/areas represented by each subscriber group.	to all of the	
subscri	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant bers in the group.	o all of the	
• lf:	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav	e it in narts 2 3	
, -	f this schedule; or,	5 it iii parto 2, 0,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i 6 of this schedule.	in block B,	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	ral instructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do no citual calculations on the form.	that is, the total	

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62045 **Heart of Iowa Communications Cooperative** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWN Heart of Iowa Co		E SYSTEM: tions Cooperativ	e			5	62045	Name
				TE FEES FOR EAC				· <del></del>
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA	4		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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		-						for
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Total DSEs			0.00	Total DSEs			0.00	
Bross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add	the base rate	e fees for each subs	criber group s	as shown in the boxes	above			
inter here and in blo			sbor group c	ac chemin in the boxes		\$	0.00	

Heart of Iowa Communic	BLE SYSTEM: ations Cooperativ	re			:	62045
			TE FEES FOR EACH			
	H SUBSCRIBER GRO				SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			
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Gross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00
sase Rate Fee First Group		^ ^			A	
	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00
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SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
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AL NAME OF OWNER OF CABLE SYSTEM art of lowa Communications Co				S	62045
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se Rate Fee First Group \$	0.00	Base Rate Fee Secon	d Group	\$	0.00
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NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE									
NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE									
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	NIP COMMUNITY/ AREA	NTEENTH	SUBSCRIBER GRO	UP <b>0</b>	T COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GROL	JP <b>0</b>	
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Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00	NIP COMMUNITY/ AREA	NTEENTH	SUBSCRIBER GRO	UP <b>0</b>	T COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GROL	JP <b>0</b>	
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Base Rate Fee Third Group   \$ 0.00     Base Rate Fee Fourth Group   \$ 0.00	CALL SIGN  CALL SIGN  Fotal DSEs	DSE	CALL SIGN	DSE DSE O.00	T COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROU	DSE  DSE	
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Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	EM ID# 62045
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THIRTY-SEVENTH SUBSCRIBER GROUP  THIRTY-EIGHTH SUBSCRIBER GROUP  THIRTY-EIGHTH SUBSCRIBER GROUP	
IUNITY/ AREA OMMUNITY/ AREA	0
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
OSEs Total DSEs	0.00
Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00
Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP	
IUNITY/ AREA  COMMUNITY/ AREA	0
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DSES 0.00 Total DSEs	0.00
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A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
ST SUBSCRIBER GROUP FORTY-SECOND SUBSCRIBER GROUP	
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\$ 0.00 Base Rate Fee Second Group \$  RD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
\$ 0.00 Base Rate Fee Second Group \$  RD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
\$ 0.00 Base Rate Fee Second Group \$  RD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
\$ 0.00 Base Rate Fee Second Group \$  RD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
\$ 0.00 Base Rate Fee Second Group \$  RD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
\$ 0.00 Base Rate Fee Second Group \$  RD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
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\$ 0.00 Base Rate Fee Second Group \$  RD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN  Total DSEs	DSE DSE
\$ 0.00 Base Rate Fee Second Group \$  RD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE

BI UUK 1	· COMPLITATION	OF BASE DA	ATE FEES FOR EACH	H SHRSCDI	BER GROUD		
	H SUBSCRIBER GF		H		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	9
							Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
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							for
					 		Partially
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							Stations
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otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	L SI IBSCDIBED CE	POLID	EOF	TV EIGHTH	SLIBSCRIBER CROI	LID	
	H SUBSCRIBER GF		Ħ		SUBSCRIBER GRO		
FORTY-SEVENT	H SUBSCRIBER GF	ROUP 0	FOR COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	
	H SUBSCRIBER GF		Ħ		SUBSCRIBER GRO		
COMMUNITY/ AREA	— H	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA	— H	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA	— H	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA	— H	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA	— H	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA	— H	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA	— H	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA	— H	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA	— H	0	COMMUNITY/ AREA			0	
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COMMUNITY/ AREA	— H	0	COMMUNITY/ AREA			0	
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CALL SIGN DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	
COMMUNITY/ AREA	— H	DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	
CALL SIGN DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE h Group	CALL SIGN	DSE	

leart of Iowa Communi	BLE SYSTEM: cations Cooperativ	ve			:	62045
			TE FEES FOR EAC			
	TH SUBSCRIBER GRO		COMMUNITY ASSA		SUBSCRIBER GRO	_ 1
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					-	
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
Raco Dato Foo Eirot Crous	_					
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00
FIFTY-FIR	ST SUBSCRIBER GRO	OUP	FIF	TY-SECOND	SUBSCRIBER GROU	JP
				TY-SECOND		
FIFTY-FIR		OUP	FIF	TY-SECOND		JP
FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
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FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
FIFTY-FIR	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	JP <b>0</b>
FIFTY-FIR COMMUNITY/ AREA  CALL SIGN  DSE	ST SUBSCRIBER GRO	DUP 0	FIF COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	JP 0 DSE

Nam	62045				•	ions Cooperative	municati	LEGAL NAME OF OWNER Heart of lowa Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	-FOURTH	İ		SUBSCRIBER GROU	TY-THIRD	
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate		-						
and		_					-	
Syndica Exclusiv								
Surchar							-	
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Bross Receipts First Gr
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
		\$ SUBSCRIBER GROUP				SUBSCRIBER GROU		
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	)			FIF	JP			FIF
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	0	SUBSCRIBER GROUP	TY-SIXTH	FIF COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
	0	SUBSCRIBER GROUP	TY-SIXTH	FIF COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
	0	SUBSCRIBER GROUP	TY-SIXTH	FIF COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
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	0	SUBSCRIBER GROUP	TY-SIXTH	FIF COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
	0	SUBSCRIBER GROUP	TY-SIXTH	FIF COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	COMMUNITY/ AREA
	0	SUBSCRIBER GROUP	TY-SIXTH	FIF COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
	0	SUBSCRIBER GROUP	TY-SIXTH	FIF COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
	0	SUBSCRIBER GROUP	TY-SIXTH	FIF COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	CALL SIGN
	DSE	SUBSCRIBER GROUP	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	TY-FIFTH DSE	FIF

Al-	YSTEM ID# 62045					ions Cooperative		LEGAL NAME OF OWNER Heart of Iowa Com
				TE FEES FOR EACH				
0 6		SUBSCRIBER GROUI	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH :	
Comp	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$		Base Rate Fee Second	0.00	\$		
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0 0 E	P 0	SUBSCRIBER GROUI	SIXTIETH	COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	TY-NINTH	FIFT COMMUNITY/ AREA  CALL SIGN
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0 0 E	DSE O.00	SUBSCRIBER GROUI  CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA

EGAL NAME OF OWNER OF CA		ve				62045	Nam
			TE FEES FOR EACH				·
SIXTY-FIR COMMUNITY/ AREA	ST SUBSCRIBER GRO	OUP 0	SIXT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROUI	0	9
OMMUNITY/ AREA		U	COMMUNITY/ AREA			U	Comput
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rat
	<del> </del>				_		and
							Syndica Exclusi
				<u> </u>	-		Surcha
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							Station
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		0.00	T			0.00	
otal DSEs		0.00	Total DSEs			0.00	
iross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SIXTY-THII	RD SUBSCRIBER GRO	OUP	SIXT	Y-FOURTH	SUBSCRIBER GROUI	P	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				<u> </u>	-		
otal DSEs		0.00_	Total DSEs			0.00	
otal DSEs	\$	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	0.00	
	\$			n Group	\$	•	
	\$ \$			•	\$	•	

Name								
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	BI
9		SUBSCRIBER GROU	(TY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							-	
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Stations								
	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
		\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU		
								SIXTY-S
	JP			SIXT	P			SIXTY-S
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
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	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	DSE	SUBSCRIBER GROU	Y-EIGHTH  DSE	SIXT COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SIXTY-S COMMUNITY/ AREA  CALL SIGN

OF CABLE SYSTEM: SYnunications Cooperative	(STEM ID# 62045
OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
7-NINTH SUBSCRIBER GROUP SEVENTIETH SUBSCRIBER GROUP	_
COMMUNITY/ AREA	0
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
	0.00
up \$ 0.00 Gross Receipts Second Group \$	0.00
·	
s 0.00 Base Rate Fee Second Group \$	0.00
Y-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	P
Y-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	P
Y-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  COMMUNITY/ AREA	0
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		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	Bl
9	IP	SUBSCRIBER GROU	'-FOURTH			SUBSCRIBER GROU	Y-THIRD	
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and							-	
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for							-	
Partially						-		
Distant						-		
Stations						-		
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	0.00	\$	l Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
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					<u>'</u>			SEVEN
	IP			SEVEN	P			SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	COMMUNITY/ AREA
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	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	IP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	SEVEN
	DSE	SUBSCRIBER GROU	DSE	SEVEN COMMUNITY/ AREA  CALL SIGN	P 0	SUBSCRIBER GROU	DSE	SEVEN' COMMUNITY/ AREA  CALL SIGN

	COMPUTATION O		П	NTY-EIGHTH	BER GROUP SUBSCRIBER GROU	UP <b>0</b>
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
	CALL SIGN				CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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	<del>   </del>					
	Ц					
Fotal DSEs	I	0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
	<u>*</u>			<b>--</b>		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
SEVENTY-NINT	H SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					_	
					-	
					H	
Total DSEs		0.00	Total DSEs			0.00
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00

	62045 Na
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
HTY-FIRST SUBSCRIBER GROUP EIGHTY-SECOND SUBSCRIBER GROUP	0
0 COMMUNITY/ AREA	0 Comp
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
	Base F
	a
	Sync Excl
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	Par
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	Sta
	0.00
Group \$ 0.00 Gross Receipts Second Group \$	0.00
Group \$ 0.00   Base Rate Fee Second Group \$	0.00
	0.00
HTY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP	
	0.00
HTY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP	
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ 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	0
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN	DSE
HTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ 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  Total DSES	0 DSE

EGAL NAME OF OWNER OF CA Heart of Iowa Communic		/e				62045
			TE FEES FOR EACH			
EIGHTY-FIFT	H SUBSCRIBER GRO	OUP <b>0</b>	EIG COMMUNITY/ AREA	HTY-SIXTH	SUBSCRIBER GROU	JP <b>0</b>
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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				<u> </u>	-	
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otal DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00
	\$	0.00	Base Rate Fee Secon		\$	0.00
EIGHTY-SEVENT	\$ H SUBSCRIBER GRO	DUP	EIGH		\$ SUBSCRIBER GROU	JP
EIGHTY-SEVENT						
EIGHTY-SEVENT		DUP	EIGH			JP
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT COMMUNITY/ AREA  CALL SIGN DSE	H SUBSCRIBER GRO	OUP 0	EIGH COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>
EIGHTY-SEVENT COMMUNITY/ AREA  CALL SIGN DSE	H SUBSCRIBER GRO	DUP 0	EIGH COMMUNITY/ AREA  CALL SIGN	TY-EIGHTH  DSE	SUBSCRIBER GROU	JP 0 DSE
COMMUNITY/ AREA	H SUBSCRIBER GRO	DUP  DSE  0.00	EIGH COMMUNITY/ AREA CALL SIGN  Total DSEs	DSE STORY OF THE PROPERTY OF T	SUBSCRIBER GROI	JP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O

BI UCK	· COMPLITATION (	OF BASE RA	TE FEES FOR EACH	H SUBSCRI	BER GROUP		
	H SUBSCRIBER GR				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	9
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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
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							for
					=		Partially
					=		Distant
							Stations
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
				·			
Base Rate Fee First Group	\$	0.00	IIRaca Rata Foo Secol	nd Croun	\$	0 00 11	
			Base Rate Fee Secon	na Group	4	0.00	
NINETY-FIRS	T SUBSCRIBER GRO						
	T SUBSCRIBER GR	OUP	NINET	ΓY-SECOND	SUBSCRIBER GROU	JP	
	T SUBSCRIBER GRO			ΓY-SECOND			
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
	CALL SIGN	OUP	NINET	ΓY-SECOND		JP	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
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COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
COMMUNITY/ AREA		OUP <b>0</b>	NINET	TY-SECOND	SUBSCRIBER GROI	JP 0	
CALL SIGN DSE	CALL SIGN	OUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	NINET COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROI	JP 0 DSE DSE 0.00	
CALL SIGN DSE		OUP  O  DSE	NINET COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROI	JP 0 DSE	
CALL SIGN DSE	CALL SIGN	OUP	NINET COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROI	JP 0 DSE DSE 0.00	
CALL SIGN DSE	CALL SIGN	OUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	NINET COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GROI	JP 0 DSE DSE 0.00	

	STEM ID# 62045					ions Cooperative	municati	Heart of Iowa Com
				TE FEES FOR EACH				
, ,		SUBSCRIBER GROUP	'-FOURTH			SUBSCRIBER GROU	Y-THIRD	
Comp	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$		Base Rate Fee Second	0.00	\$		
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	P			NINE	IP			NINE
	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE
<u>-</u>	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE
<u>-</u>	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE
	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE
	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE
	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE
	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE
	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA
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	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	TY-SIXTH	NINE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA  CALL SIGN
	DSE	SUBSCRIBER GROUI	DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE  DSE	SUBSCRIBER GROU	DSE DSE	NINE COMMUNITY/ AREA  CALL SIGN
	DSE 0.00	SUBSCRIBER GROUI  CALL SIGN	DSE	NINE COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE DSE	COMMUNITY/ AREA

	YSTEM ID# 62045	Sì				ions Cooperative		LEGAL NAME OF OWNER Heart of Iowa Com
		BER GROUP	SUBSCRIE	TE FEES FOR EACH				
9		SUBSCRIBER GROUP	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Compu	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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_	0.00			Total DSEs	0.00			Total DSEs
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-   1								
-   ] 	0.00	\$		Base Rate Fee Second	0.00	\$		
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	P	1		ONE HUN	IP			NINET
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	P 0	SUBSCRIBER GROUP	NDREDTH	ONE HUN COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	Y-NINTH	NINET
	P 0	SUBSCRIBER GROUP	NDREDTH	ONE HUN COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	Y-NINTH	NINET
	P 0	SUBSCRIBER GROUP	NDREDTH	ONE HUN COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	Y-NINTH	NINET
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	P 0	SUBSCRIBER GROUP	NDREDTH	ONE HUN COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	Y-NINTH	NINET
	P 0	SUBSCRIBER GROUP	NDREDTH	ONE HUN COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	Y-NINTH	NINET COMMUNITY/ AREA  CALL SIGN
	DSE  O.00	SUBSCRIBER GROUP	DSE	ONE HUN COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GROU	Y-NINTH  DSE	NINET COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
	DSE	SUBSCRIBER GROUP	DSE	ONE HUN COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	Y-NINTH  DSE	NINET

Name	62045							Heart of Iowa Com	
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	ВІ	
9	JP	SUBSCRIBER GROU	SECOND	ONE HUNDRED	Р	SUBSCRIBER GROU	D FIRST		
Computa	0			COMMUNITY/ AREA	0		MMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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and							-		
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Distant							-		
Station									
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	0.00		Стоир	G. 656 T. 655, p. 6					
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup		
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	0.00		l Group	Base Rate Fee Second	<u>'</u>		oup	ONE HUNDRE	
	0.00		l Group	Base Rate Fee Second	P		oup	ONE HUNDRE	
	0.00 JP 0	SUBSCRIBER GROU	l Group	ONE HUNDRED COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	D THIRD	ONE HUNDRE	
	0.00 JP 0	SUBSCRIBER GROU	l Group	ONE HUNDRED COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	D THIRD	ONE HUNDRE	
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	0.00 JP 0	SUBSCRIBER GROU	l Group	ONE HUNDRED COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	D THIRD	ONE HUNDRE	
	0.00 JP 0	SUBSCRIBER GROU	l Group	ONE HUNDRED COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	D THIRD	ONE HUNDRE	
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	0.00 JP 0	SUBSCRIBER GROU	l Group	ONE HUNDRED COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	D THIRD	ONE HUNDRE COMMUNITY/ AREA  CALL SIGN	
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED COMMUNITY/ AREA CALL SIGN	P 0	SUBSCRIBER GROU	D THIRD  DSE	ONE HUNDRE	

N. 1.	4STEM ID# 62045	31			!	ions Cooperative		LEGAL NAME OF OWNER Heart of Iowa Com	
				TE FEES FOR EACH					
0		SUBSCRIBER GROUP	ED SIXTH		IP <b>0</b>	SUBSCRIBER GROU	ED FIFTH S		
Comp	0	COMMUNITY/ AREA 0					DMMUNITY/ AREA		
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN			DSE	CALL SIGN		
	DSE	CALL SIGN	0.00	CALL SIGN  Total DSEs	DSE	CALL SIGN	0.00	
Total DSEs		CALL SIGN				CALL SIGN		
Total DSEs Gross Receipts Third G		CALL SIGN	0.00	Total DSEs			0.00	
Total DSEs	Group	S S	0.00	Total DSEs	h Group		0.00	
Total DSEs Gross Receipts Third G	Group	\$	0.00	Total DSEs Gross Receipts Fourt	h Group		0.00	
Total DSEs Gross Receipts Third G	roup	\$	0.00	Total DSEs Gross Receipts Fourt	h Group		0.00	

NI	YSTEM ID# 62045				·	ions Cooperative		LEGAL NAME OF OWNER Heart of lowa Com
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	BI
9		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED THIR		SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED THIRTY-
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate		=				-	-	
and								
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1								
†	0.00		<u> </u>	Total DSEs	0.00		J	Total DSEs
				5	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	l Group	Gross Receipts Second		Ψ		
	0.00	\$	l Group	Gross Receipts Second			'	
	0.00	\$		Base Rate Fee Second	0.00	\$		Base Rate Fee First Gro
	0.00		l Group	Base Rate Fee Second			oup	
	0.00	\$	l Group	Base Rate Fee Second		\$	oup	ONE HUNDRED THIR
	<b>0.00</b>	\$	l Group	Base Rate Fee Second	0.00	\$	oup	ONE HUNDRED THIR
	0.00 P	\$ SUBSCRIBER GROUP	Group	ONE HUNDRED F	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIR
	0.00 P	\$ SUBSCRIBER GROUP	Group	ONE HUNDRED F	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIR
	0.00 P	\$ SUBSCRIBER GROUP	Group	ONE HUNDRED F	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIR
	0.00 P	\$ SUBSCRIBER GROUP	Group	ONE HUNDRED F	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIR
	0.00 P	\$ SUBSCRIBER GROUP	Group	ONE HUNDRED F	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIR
	0.00 P	\$ SUBSCRIBER GROUP	Group	ONE HUNDRED F	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIR
	0.00 P	\$ SUBSCRIBER GROUP	Group	ONE HUNDRED F	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIR
	0.00 P	\$ SUBSCRIBER GROUP	Group	ONE HUNDRED F	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIR
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	0.00 P	\$ SUBSCRIBER GROUP	Group	ONE HUNDRED F	0.00	\$ SUBSCRIBER GROUP	oup	COMMUNITY/ AREA
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	0.00 P	\$ SUBSCRIBER GROUP	Group	ONE HUNDRED F	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIR
	0.00 P	\$ SUBSCRIBER GROUP	Group	ONE HUNDRED F	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIR
	0.00  P	\$ SUBSCRIBER GROUP	DSE	ONE HUNDRED F COMMUNITY/ AREA  CALL SIGN	0.00	\$ SUBSCRIBER GROUP	DSE	ONE HUNDRED THIR

Name	STEM ID# 62045				•		OF CABLE	Heart of Iowa Com
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	BI
9		SUBSCRIBER GROUP	Y-SECOND	ii		SUBSCRIBER GROUP	RTY-FIRST	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
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Exclusiv Surchar								
for								
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Station								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	¢	Group	Base Rate Fee Second	0.00	¢	oup.	Base Rate Fee First Gro
	0.00	\$			0.00	\$		
		SUBSCRIBER GROUP	Y-FOURTH	II ONE HUNDRED FORT		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED FOR
	0			i i	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	i i	<b>O</b> DSE	CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	CALL SIGN
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		

LEGAL NAME OF OWNE Heart of Iowa Com						S	YSTEM ID# 62045	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	BER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED F	FORTY-SIXTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ LE GIGIT	DOL	CALL GIGIT	DOL	O/ LE GIGIT	DOL	O/ LEE GIGIT	DOL	Base Rate Fe
		-				-		and
		-						Syndicated
		-				-		Exclusivity
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		-						for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FORTY	'-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	ORTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						=		
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Total DSEs			0.00	Total DSEs			0.00	
			,					
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	in Group	\$	0.00	
Dana Bata Esta Esta Co	<b>.</b>			Dana Batta E. S.	N- O-			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	in Group	\$	0.00	
Base Rate Fee: Add th			iber group	as shown in the boxes	above.	e		
Enter here and in block	S, iiile 1, S	pace L (page /)				Ψ		

Name	62045	SY.			)		OF CABLE	Heart of Iowa Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	FIFTIETH	İ		SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED FORT
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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for Partially								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
		SUBSCRIBER GROUP	-SECOND	ONE HUNDRED FIFTY	JP	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIF
					_			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			JOINING THE TY THE T
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA  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	
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Nam	YSTEM ID# 62045					ions cooperative	municati	Heart of Iowa Com
				TE FEES FOR EACH				
9	Р	SUBSCRIBER GROUP	-FOURTH	ONE HUNDRED FIFTY	Р	SUBSCRIBER GROU	Y-THIRD	ONE HUNDRED FIFT
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	-		Total DSEs	0.00			otal DSEs
		•		Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	Group	Gross Receipts Second		<u> </u>	•	
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	0.00	\$	l Group	Base Rate Fee Second		\$	oup	ONE HUNDRED FIF
	<b>0.00</b>	\$	l Group	Base Rate Fee Second	P	\$	oup	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	P <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00  P	\$ SUBSCRIBER GROUP	DSE	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA  CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE DSE	ONE HUNDRED FIF

LEGAL NAME OF OWNE Heart of Iowa Con						S	62045	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	1 SUBSCRI	BER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED F	IFTY-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIN	DOL	CALL SIGIV	DOL	OALE GIGIN	DOL	OALL SIGN	DOL	Base Rate Fe
					<u> </u>	-		and
								Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
						H		
							2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED EI	ETV NINTH	SUBSCRIBER GROUP		ONE HUNDR	ED SIYTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	1 11-14114111	ODDOCKIDEN CINOCI	0	COMMUNITY/ AREA		COBCONIBEN GNOOF	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						H		
					<u> </u>	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				<u>  </u>				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.			

LEGAL NAME OF OWNE Heart of Iowa Com			re .				62045	Name
В				TE FEES FOR EAC			ID.	
COMMUNITY/ AREA	LIK91	SUBSCRIBER GRC	0	COMMUNITY/ AREA		SUBSCRIBER GRO	0	9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate Exclusive
								Surcharg
		-						for
								Partially
								Distant
								Stations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						. –		
						. –		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	-							
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				II				
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	s	0.00	

LEGAL NAME OF OWNER OF CAE Heart of lowa Communic		/e				62045	Nar
BLOCK A	: COMPUTATION C	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	H SUBSCRIBER GRO			SIXTH	SUBSCRIBER GRO		c
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of Base Rate and Syndica Exclusiv Surchar for Partial Distan
CALL GIGIT	GALLE GIGHT	502	CALL GIGIT	DOL	OF ILL STOTA	562	
							а
							Synd
							Exclu
							Surc
							Stat
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	\$ H SUBSCRIBER GRO		Base Rate Fee Secon		\$ SUBSCRIBER GRO		
SEVENT	<b>1</b>		Base Rate Fee Secon		<u> </u>		
SEVENT	<b>1</b>	DUP			<u> </u>	UP	
SEVENT OMMUNITY/ AREA	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT OMMUNITY/ AREA	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT COMMUNITY/ AREA  CALL SIGN DSE	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP <b>0</b>	
SEVENT COMMUNITY/ AREA  CALL SIGN DSE  Total DSEs	H SUBSCRIBER GRO	DUP  DSE  DOSE  O.000	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GRO	DSE  DSE  O.00	
SEVENT COMMUNITY/ AREA  CALL SIGN  DSE  Total DSEs	H SUBSCRIBER GRO	DUP 0	COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GRO	UP 0 DSE	
COMMUNITY/ AREA	H SUBSCRIBER GRO	DUP  DSE  DOSE  O.000	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GRO	DSE  DSE  O.00	

SYSTEM ID: 6204						LEGAL NAME OF OWNER Heart of Iowa Com
		TE FEES FOR EACH				Bl
SUBSCRIBER GROUP	TENTH	001414131377777		SUBSCRIBER GROU	NINTH	001441111111111111111111111111111111111
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00		Total DSEs	0.00			Total DSEs
\$ 0.00	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
s 0.00	Group	Base Rate Fee Second	0.00	s	oup	Base Rate Fee First Gro
\$ 0.00		Base Rate Fee Second	0.00	\$		
SUBSCRIBER GROUP		7	P	SUBSCRIBER GROU		EL
						EL
SUBSCRIBER GROUP		7	P			EL OMMUNITY/ AREA
SUBSCRIBER GROUP  0	TWELVTH	COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	LEVENTH :	EL
SUBSCRIBER GROUP  0	TWELVTH	COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	LEVENTH :	EL OMMUNITY/ AREA
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9		SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH :	
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Computa	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0	0.00 JP 0	\$ SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
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0	0.00 JP 0	\$ SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
0	0.00 JP 0	\$ SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
0	0.00 JP 0	\$ SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
0	0.00 JP 0	\$ SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
0	0.00 JP 0	\$ SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
0	0.00 JP 0	\$ SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
0	0.00 JP 0	\$ SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	FIF
O O O O O O O O O O O O O O O O O O O	0.00 JP 0	\$ SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	TY-FIFTH	CALL SIGN
O O O O O O O O O O O O O O O O O O O	0.00  JP	\$ SUBSCRIBER GROU	DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE	CALL SIGN  CALL SIGN  Total DSEs
O O O O O O O O O O O O O O O O O O O	0.00  JP  O  DSE	\$ SUBSCRIBER GROU	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	FIF COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
O O O O O O O O O O O O O O O O O O O	0.00  JP	\$ SUBSCRIBER GROU	DSE Group	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE DSE	COMMUNITY/ AREA

SYSTEM: SYS ns Cooperative	STEM ID# 62045
OMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
JBSCRIBER GROUP FIFTY-EIGHTH SUBSCRIBER GROUP	
0 COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
0.00 Total DSEs	0.00
0.00 Gross Receipts Second Group \$	0.00
0.00 Base Rate Fee Second Group \$	0.00
JBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP	
JBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP	
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA	0
JBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN DSE CALL SIGN DSE CALL SIGN	0
JBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  Total DSES	0.00
JBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE

N1	YSTEM ID# 62045	S			1			LEGAL NAME OF OWNER Heart of Iowa Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GROU	ΓY-FIRST :	
in I	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	OALL SIGN	DOL	CALL SIGN	DOL	CALL GIGIN	DOL	CALL GIOIN
and			•					
Syndica						-		
Exclusiv		H				-		
Surcha		_						
for								
Partial Distar								
Station		-						
Otation		H						
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1				Total DSEs	0.00			otal DSEs
	0.00				0.00	\$	nun	Gross Receipts First Gr
	0.00	\$	d Group	Gross Receipts Secon	0.00	Ÿ	oup	
		\$	d Group	Gross Receipts Secon	0.00		Jup	·
		\$		Gross Receipts Secon  Base Rate Fee Secon	0.00	\$		·
	0.00		d Group	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	oup	dase Rate Fee First Gr
-    - 	0.00	\$	d Group	Base Rate Fee Secon	0.00		oup	Base Rate Fee First Gr
=	0.00 0.00	\$	d Group	Base Rate Fee Secon	<b>0.00</b>		oup	Base Rate Fee First Gr
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	SIX
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	ase Rate Fee First Gr SIX OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	SIX:
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	SIX:
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	Sase Rate Fee First Gr SIX
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	Sase Rate Fee First Gr SIX
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	Sase Rate Fee First Gr SIX
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	Sase Rate Fee First Gr SIX
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	Base Rate Fee First Gr SIX COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	Base Rate Fee First Gr SIX COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	Base Rate Fee First Gr SIX COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	Base Rate Fee First Gr SIX COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	Sase Rate Fee First Gr SIX
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup	SIX* COMMUNITY/ AREA  CALL SIGN
	0.00  0.00  DSE  0.00	\$ SUBSCRIBER GROU	d Group  Y-FOURTH  DSE	Base Rate Fee Secon SIXT COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	SUBSCRIBER GROU	DSE	SIX** COMMUNITY/ AREA  CALL SIGN  Total DSEs
	0.00  0.00  DSE	\$ SUBSCRIBER GROU	d Group  Y-FOURTH  DSE	Base Rate Fee Secon  SIXT  COMMUNITY/ AREA  CALL SIGN	0.00	SUBSCRIBER GROU	DSE	SIX* COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
	0.00  0.00  DSE  0.00	\$ SUBSCRIBER GROU	d Group  Y-FOURTH  DSE  Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	SUBSCRIBER GROU	DSE DSE	Base Rate Fee First Gr SIX COMMUNITY/ AREA

Minima	YSTEM ID# 62045	S			1			LEGAL NAME OF OWNER Heart of lowa Com
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	В
9		SUBSCRIBER GROU	KTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH S	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	OALL SIGN	DOL	CALL GIGIN	DOL	CALL SIGIN	DOL	CALL GIGIN
and			•					
Syndica								
Exclusiv		<b>—</b>						
Surchar		_					<u>.</u>	
for		-				-	<u> </u>	
Partiall								
Distan Station		-	•				·	
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m.								
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							<u> </u>	
7	0.00			Total DSEs	0.00			otal DSEs
	0.00				0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Gross Receipts Secon			•	
		\$	d Group	Gross Receipts Secon				
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	
	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU	oup	
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	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup	SIXTY-C
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup	SIXTY-C
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup	SIXTY-C
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup	SIXTY-C
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup	SIXTY-C
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup	SIXTY-COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup	SIXTY-COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup	SIXTY-COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup	SIXTY-COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup	SIXTY-COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup	SIXTY-COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup SEVENTH S	SIXTY-COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup SEVENTH S	SIXTY-C
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX* COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	oup SEVENTH S	SIXTY-SCOMMUNITY/ AREA
	0.00  0.00  DSE  0.00	\$ SUBSCRIBER GROU	d Group  Y-EIGHTH  DSE	Base Rate Fee Secon  SIXT  COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE	SIXTY-SOMMUNITY/ AREA  CALL SIGN  fotal DSEs
	0.00  0.00  DSE	\$ SUBSCRIBER GROU	d Group  Y-EIGHTH  DSE	Base Rate Fee Secon  SIXT  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SIXTY-SOMMUNITY/ AREA  CALL SIGN  Total DSEs
	0.00  0.00  DSE  0.00	\$ SUBSCRIBER GROU	T-EIGHTH  DSE  Group	Base Rate Fee Secon  SIXT  COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE roup	COMMUNITY/ AREA

leart of Iowa Comi					-			
				ATE FEES FOR EACH			ID.	
	Y-NINTH	SUBSCRIBER GROU		11	VENTIETH	SUBSCRIBER GROU		9
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
		Γ	T ===			П		Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Daniel Barton
								Base Rate
								and
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								Surcharg
								for
								Partially
								Distant
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						H		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gro	nun	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
rood reddolpto r irot Gro	лар	<u>+</u>	0.00	Cross rescipts eccond	Cloup	*		
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
		•	<u>'</u>					
SEVENT		\$ SUBSCRIBER GROU	JP	SEVENTY		\$ SUBSCRIBER GROU	JP	
		•	<u>'</u>					
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT		•	JP	SEVENTY			JP	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENT	TY-FIRST	SUBSCRIBER GROU	JP <b>0</b>	SEVENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENTOMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SEVENTY COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	
SEVENTOMMUNITY/ AREA  CALL SIGN  otal DSEs	DSE	CALL SIGN	DSE DSE	SEVENTY COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROU	DSE  O.00	
SEVENT OMMUNITY/ AREA  CALL SIGN  otal DSEs  cross Receipts Third Gro	DSE	CALL SIGN	DSE	SEVENTY COMMUNITY/ AREA  CALL SIGN  Total DSEs Gross Receipts Fourth	-SECOND  DSE  Group	SUBSCRIBER GROU	DSE  DSE	
SEVENTOMMUNITY/ AREA  CALL SIGN  otal DSEs	DSE	CALL SIGN	DSE DSE	SEVENTY COMMUNITY/ AREA  CALL SIGN  Total DSEs	-SECOND  DSE  Group	SUBSCRIBER GROU	DSE  DSE	

	cations Cooperati	ve				62045	Namo
	A: COMPUTATION ( RD SUBSCRIBER GRO				IBER GROUP SUBSCRIBER GRO	LID	
COMMUNITY/ AREA	NO SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GRU	<b>0</b>	9 Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicat Exclusiv
							Surchar
							for
							Partiall
							Distant Station
							Gtation
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00	
	TH SUBSCRIBER GRO		H		SUBSCRIBER GRO		
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN		CALL SIGN				
		DSE	OALL SIGN	DSE	CALL SIGN	DSE	
		DSE	OALL GIGIT	DSE	CALL SIGN	DSE	
		DSE	OALL GIGN	DSE	CALL SIGN	DSE	
		DSE	OALEGON	DSE	CALL SIGN	DSE	
		DSE	OALLOON	DSE	CALL SIGN	DSE	
		DSE	OALL GIGHT	DSE	CALL SIGN	DSE	
		DSE	OALLOON	DSE	CALL SIGN	DSE	
		DSE	CALL GIGH	DSE	CALL SIGN	DSE	
		DSE	OALLOON	DSE	CALL SIGN	DSE	
		DSE	OALLOGN	DSE	CALL SIGN	DSE	
		DSE	OALLOON	DSE	CALL SIGN	DSE	
		DSE	OALLOON	DSE	CALL SIGN	DSE	
Fotal DSEs		0.00	Total DSEs	DSE	CALL SIGN	0.00	
		0.00	Total DSEs			0.00_	
Total DSEs Gross Receipts Third Group	\$				\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER SEVENTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE	SCRIBER GROUP  0 Computable Sign DSE of Base Raman
COMMUNITY/ AREA 0 COMMUNITY/ AREA	O Compu
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE C	ALL SIGN DSE of Base Ra
	Base Ra an
	······································
	Syndi
	Exclu-
	fo
	Parti
	Dist
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otal DSEsTotal DSEs	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00
Sase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
	SCRIBER GROUP
COMMUNITY/ AREA 0 COMMUNITY/ AREA	<b>O</b>
CALL SIGN DSE CALL SIGN DSE C	ALL SIGN DSE
otal DSEs Total DSEs	0.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	0.00
1 (1	0.00

NI	YSTEM ID# 62045	S						LEGAL NAME OF OWNER Heart of lowa Com
				TE FEES FOR EACH				
<u>,</u> 9		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GROU	TY-FIRST	
Compl	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R								
ar						-	-	
Syndi								
Exclu								
Surch								
fo								
Part		_				-	-	
Dist		_					-	
Stati						-		
						-		
				Total DSEs	0.00		,	otal DSEs
0	0.00				0.00	\$	nun	Gross Receipts First Gr
-	0.00	\$	d Group	Gross Receipts Secon		<u> </u>	Jup	
<u> </u>		\$		Gross Receipts Secon  Base Rate Fee Secon	0.00	\$		·
<u> </u>	0.00		d Group	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	oup	ase Rate Fee First Gr
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ACCOUNTING PERIOD: 2019/2

FORM SA3E, PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Heart of Iowa Communications Cooperative	62045
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9 Computation	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.	ercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group	for the VHF Grade B contour stations that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none er	
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul>	· · · · · · · · · · · · · · · · · · ·
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	SURCHARGE Second Group
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge computation	subject to the surcharge computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	

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