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						
3/3/2020	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	20192			
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account counting the if this is the system's first filing. If not, enter the system's ID	ess of the cable syst or on the last day of a counting perioa	em the accounting period should s	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Consolidated Communications Enterprise Services,	Inc		
				06269620192
				062696 20192
	121 S. 17th Street Mattoon, IL 61938-3987			
С	INSTRUCTIONS: In line 1, give any business or trade names used to it			
•	names already appear in space B. In line 2, give the mailing address of	the system, if diff	erent from the address give	n in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM: Consolidated Communications Enterprise Services,	Inc		
	MAILING ADDRESS OF CABLE SYSTEM: 121 S. 17th Street (Number, street, rural route, apartment, or sulte number) Mattoon, IL 61938-3987 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	Mattoon	IL		
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
,	Alliance	MD	В	2
	Gering	MD	В	3

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

FORM SA3E. PAGE 1b.			ACCOUN	TING PERIOD: 20192			
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
Consolidated Communications Enterprise Services, Inc			062696				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.							
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	ie parks snould t	e reported in parer	nneses				
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. levant communit	If you report any sta y with a subscriber	ations group,				
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
Mattoon	IL	Α	1	First			
Arcola	IL	Α	1	Community			
Hindsboro	IL	Α	1				
Ashmore	IL	Α	1				
Charleston	IL	Α	1				
Humboldt	IL	Α	1	See instructions for			
Oakland	IL	Α	1	additional information			
Sigel	IL	Α	1	on alphabetization.			
Lerna	ΪL	A	1				
Effingham	iL	A	2				
Strasburg	iL	A	3				
Arthur	IL IL		4	Add rows as necessary.			
		Α	4				
Gays	IL "	A	4				
Windsor	IL	A	4				
Assumption	IL	Α	5				
Atwood	IL	Α	5				
Shelbyville	IL	Α	5				
Tower Hill	IL	Α	5				
Westervelt	IL	Α	5				
Cowden	IL	Α	6				
Stewardson	IL	Α	6				
Blue Mound	i IL	A	7				
Bulpitt	iL	A	7				
Edinburg	iL	A	7				
Kincaid	IL	A	7				
Morrisonville	IL		7				
Mount Auburn	IL IL	A A	7				
		A					
Moweaqua	IL 	A	7				
Owaneco	IL 	A	7				
Palmer	IL 	A	7				
Pana	IL	A	7				
Stonington	IL	A	7				
Taylorville	IL	Α	7				
Tovey	IL	Α	7				
Butler	IL	В	8				
Coalton] IL	В	8				
Farmersville	IL	В	8				
Hillsboro	IL	В	8				
Irving	IL	В	8				
Litchfield	IL	В	8				
Nokomis	iL	В	8				
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Raymond

Taylor Chrings	- 11	D	0	
Taylor Springs	IL.	D	0	
\//i++	III.	D	0	
WILL	11_	D	0	

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Consolidated Communications Enterprise Services, Inc

O62696

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2			
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:			HD Set Top Box Res 5485 \$ 6.9		
 Service to first set 	10,961	\$ 25.45	HD Set Top Box Bus 106 \$ 6.9		
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	323	\$ 25.45			
Converter					
Residential	11,034	\$ 5.99			
Non-residential	307	\$ 5.99			

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	RAT	Έ	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$ 2	25.45	Motel, hotel				
 Pay cable—add'l channel 	\$ 1	0.00	Commercial		ľ		
Fire protection			• Pay cable		ľ		
Burglar protection			Pay cable-add'l channel		ľ		
Installation: Residential			Fire protection				
• First set	\$ 5	50.00	Burglar protection		ľ		
 Additional set(s) 			Other services:		ľ		
• FM radio (if separate rate)			Reconnect		•		
Converter	T	5.99	Disconnect				
			Outlet relocation		•		
			Move to new address				

LEGAL NAME O	F OWNER OF CABLE SY	/STEM:			SYSTEM ID#	Namo			
Consolida	ted Communicat	tions Enter	rprise Servic	es, Inc	062696	Name			
PRIMARY TRANS	MITTERS: TELEVISIO	ON							
carried by your c	able system during t	he accounting	period, except	(1) stations carri	s and low power television stations) ed only on a part-time basis under	G			
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a									
substitute program basis, as explained in the next paragraph.									
				s carried by your	cable system on a substitute program	Television			
•	cifc FCC rules, regula			e Special Statem	ent and Program Log)—if the				
	arried only on a subs		t it iii space i (tii	ic opecial otatem	ent and i rogram Log/—ii the				
					tute basis and also on some other				
in the paper S		erning substit	tute basis statio	ns, see page (v) o	of the general instructions located				
		sign. Do not r	eport origination	n program service	es such as HBO, ESPN, etc. Identify				
			•	•	ition. For example, report multi-				
cast stream as "\ NETA-simulcast		streams must	be reported in o	column 1 (list eac	h stream separately; for example				
		per the FCC h	as assigned to	the television sta	ion for broadcasting over-the-air in				
•	•		annel 4 in Wash	ington, D.C. This	may be different from the channel				
	able system carried th dicate in each case v		tation is a netwo	ork station, an ind	ependent station, or a noncommercial				
					cast), "I" (for independent), "I-M"				
•	,. ,		,.	,	ommercial educational multicast).				
	of these terms, see the station is outside				he paper SA3 form. es". If not, enter "No". For an ex-				
olanation of local	l service area, see pa	age (v) of the	general instruct	ions located in th	e paper SA3 form.				
Column 5: If	you have entered "Y	es" in column	4, you must cor	mplete column 5,	stating the basis on which your				
•	rried the distant station nt station on a part-tii	•	٠.	•	tering "LAC" if your cable system				
	•				y payment because it is the subject				
	omission of a distant	multioust still	Jann that is not a	abject to a regali	y payment because it is the subject				
	ement entered into o	n or before Ju	ıne 30, 2009, be	etween a cable sy	stem or an association representing				
the cable system	ement entered into o n and a primary trans	n or before Ju mitter or an a	ine 30, 2009, be ssociation repre	etween a cable sy esenting the prima	stem or an association representing ry transmitter, enter the designa-				
the cable system tion "E" (exempt)	ement entered into o n and a primary trans). For simulcasts, also	n or before Ju mitter or an a o enter "E". If	ine 30, 2009, be ssociation repre you carried the	etween a cable sy esenting the prima channel on any o	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further				
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FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Consolidated Communications Enterprise Services, Inc** 062696 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) KTVI 2.1 NO St. Luis MO ı KTVI-2 2.2 I-M NO St. Luis MO **KMOV** Ν 4.1 NO Springfield, IL **KSDK** 5.1 Ν NO St. Luis MO YES **KETC** Ε 0 9.1 Champaign, II **KPLR** 11.1 ı NO St. Luis MO **KPLR-2** 11.2 I-M NO St. Luis MO WICS 20 Ν NO Springfield, IL Ν **KDNL** 30.1 NO St. Luis MO **WRBU** 46.1 ı NO St. Luis MO WCIX 49.1 ı NO Springfield, IL **WRSP** 55.1 NO Springfield, IL ı WRSP-2 55.2 I-M NO Springfield, IL WAND 17.1 Ν NO Decatur, IL WAND-2 17.2 N-M NO Decatur. IL

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Consolidated (Communicat	tions Enter	prise Servic	es, Inc	062696	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute 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 ead each multicast stream cast stream as "WETA-simulcast). Column 2: Give th 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 h cable system 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 even- system during ti- ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a subs and also in spa- information cond- ions. ch station's call associated with A-2". Simulcast e channel numl se. For example system carried the in each case way entering the le cast), "E" (for no ese terms, see ation is outside ice area, see pa ave entered "Y entering the le cast), "e" (for no ese terms, see ation is outside ice area, see pa ave entered "Y ice on a part-til sion of a distant t entered into o a primary trans simulcasts, also nree categories	y television standard by television standard by television standard by television standard by televisions, or auth G—but do list titute basis. In the standard by the standard	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6° paragraph. If distant stations orizations: a tit in space I (the 181) tit	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your cees Special Statement of both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television statington, D.C. This in the television statington, D.C. This in the television of the television statington, D.C. This in the television statington,	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing		. ,		•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	ΔD		
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	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Consolidated (Communicat	tions Enter	prise Servic	es, Inc	062696	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Program ba Substitute Program ba Substitute 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 eac 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 h cable 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 even- system during ti- ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a subs and also in spa- information cond- ions. ch station's call associated with A-2". Simulcast e channel numl se. For example system carried the in each case way entering the le cast), "E" (for no ese terms, see ation is outside ice area, see pa ave entered "Y entering the le cast), "e" (for no ese terms, see ation is outside ice area, see pa ave entered "Y ice on a part-til sion of a distant t entered into o a primary trans simulcasts, also nree categories	y television standard by television standard by television standard by television standard by televisions, or auth G—but do list titute basis. In the standard by the standard	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6° paragraph. If distant stations orizations: a tit in space I (the 181) tit	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your cees Special Statement of both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television statington, D.C. This in the television statington, D.C. This in the television of the television statington, D.C. This in the television statington,	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing		. ,		•	which the station is identifed. channel line-up.	
		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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Consolidated (Communicat	tions Enter	prise Servic	es, Inc	062696	
PRIMARY TRANSMITT	ERS: TELEVISIO	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 Program Program 1: List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-Simulcast). Column 2: Give thits 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 state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	G, identify eventy system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)	y television standard by television standard by television standard by television standard by televisions, or auth G—but do list titute basis. In the standard by the standard	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: to it in space I (the 181) tit i	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your cees Special Statement of both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television statington, D.C. This in the television statington, D.C. This in the television of the television statington, D.C. This in the television statington,	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
FCC. For Mexican or (Note: If you are utilizing)		. ,		•	which the station is identifed. channel line-up.	
,			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	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	062696	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program between 50 substitute program between 50 substitute Basis 50 basis under specific FC 10 not list the station station was carried 11 List the station here, basis. For further in in the paper SA3 for Column 1: List ead 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 multicate for the meaning of the Column 5: If you he cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For	G, identify even the system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(y television standard programment of the station of	g period, except 81, permitting the referring to 76.6 paragraph. It is a solution was carried to the referring to 76.6 paragraph. It is in space I (the referring to report origination cording to its own be reported in containing the reported in containing to its own be reported in containing to its own be reported in containing the reported in structure area, (i.e. "containing period ause of lack of a seam that is not solution is an excounting period ause of lack of a seam that is not solution repreyou carried the referring the referring the reported in the referring the referring the referring the referring the referring to 76.6 paragraph.	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the special Statement of t	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your pering "LAC" if your cable system	Primary Transmitters: Television
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the which the station is identified.	
Note: If you are utilizing				•		
		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	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	062696			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				1		
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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational autication, by entering the letter "N" (for network) multicast), "" (for independent), "I-N" (for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational) multicast). The paper SA3								
Note: If you are utilizing	ig multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	1		
	T	CHANN	EL LINE-UP	AH		1		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		1		
	NOWBER	STATION		(If Distant)		1		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Consolidated (Communicat	tions Enter	prise Servic	es, Inc	062696		
PRIMARY TRANSMITT	ERS: TELEVISIO	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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) multicas							
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,		CHANN	EL LINE-UP	ΔΙ	·		
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			_		SYSTEM ID#	Name	
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	062696		
PRIMARY TRANSMITTI	ERS: TELEVISIO	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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as associated with a station according to its over-the-air designation. For example, report multicast stream as seociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station,							
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Note: If you are utilizir				•			
		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		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Consolidated (Communicat	tions Enter	prise Servic	es, Inc	062696		
PRIMARY TRANSMITT	ERS: TELEVISIO	N					
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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent) multicast). Fo							
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		CHANN	EL LINE-UP	ΔK			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	1	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	062696		
PRIMARY TRANSMITTI	ERS: TELEVISIO	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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sacciated with a station according to its over-the-air designation. For example, report multicast stream as sacciated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by en							
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the		
Note: If you are utilizing				•			
	1	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
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational). For th						
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations, l	list the community	to which the station is licensed by the	
Note: If you are utilizing				•	which the station is identifed. channel line-up.	
		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	NER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Consolidated (Communicat	tions Enter	prise Servic	es, Inc	062696		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
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		CHANN	EL LINE-UP	AN			
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					SYSTEM ID#	Name	
Consolidated (communicat	tions Enter	prise Servic	es, Inc	062696		
PRIMARY TRANSMITT	ERS: TELEVISIO	N					
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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational). For the							
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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		
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Consolidated (rprise Servic	es, Inc	SYSTEM ID# 062696	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	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 Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give 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 4: If the st planation of local servic Column 5: If you h cable 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	CC rules, regular here in space only on a substand also in spation and also in spation and associated with associated with a section and associated with a section and a section are a section as a section and a section are a section as a section and a section and a section a part-tilision of a distant tation a primary trans simulcasts, also a canadian station and a canadian an	ations, or auth G—but do listitute basis. ace I, if the state that is sign. Do not read that is sign. Do not read that is sign. Do not read that is streams must ber the FCC heart was a commercial page (v) of the term on commercial page (v) of the term on during the error during the me basis becaute multicast stream or before Jumitter or an aco enter "E". If the seep page (v) is station. Foons, if any, given is substituted in the service on the service page (v) of the service page (v) on the service page (v) of the service page (torizations: It it in space I (the ation was carried tute basis station report origination or cording to its own to be reported in the annel 4 in Wash ation is a network etwork), "N-M" (I educational), one general instruction of the general instruction of the space of lack of a seam that is not some 30, 2009, be speciation repreyou carried the of the general in true. It is not some 30, 2009, be speciation repreyou carried the of the general in true.	e Special Statemer If both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television stati- ington, D.C. This in rk station, an inde- for network multicar "E-M" (for nonco- ctions located in the inglete column 5, so ad. Indicate by ent ctivated channel or ubiject to a royalty tween a cable sys- senting the primar channel on any of instructions locate- list the community inter community with	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). use paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system erapacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Television		
Note: If you are utilizing			EL LINE-UP		onamici ilito-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.					OVOTEM ID#	
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated (communica	tions Entei	rprise Servic	es, inc	062696	
PRIMARY TRANSMITT						
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 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 multi- For the meaning of the	system during to ions in effect on 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 associated with the control of the contro	he accounting I June 24, 19 4), or 76.63 (in the next respect to any ations, or auth G—but do listitute basis. ace I, if the staterning substitute basis bearing substitute basis. The station account of the station account of the station. Whether the stater "N" (for noncommercia page (v) of the station of the station.	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations portations: It it in space I (the referring to station was carried tute basis station report origination coording to its over the report of the report of the report of its over the report of the report of the report of its over the report of the report of its over the report of its	(1) stations carrie e carriage of certa (e)(2) and (4))]; a carried by your cest carried by y	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify cion. For example, report multi- instream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). the paper SA3 form. s". If not, enter "No". For an ex-	G Primary Transmitters: Television
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	ave entered "Y he distant static ion on a part-tic ion of a distant entered into o a primary trans simulcasts, also aree categories e location of ea	es" in column on during the me basis beca multicast strend or before Jumitter or an a column enter "E". If , see page (vich station. Fo	4, you must cor accounting perion ause of lack of a earn that is not so ane 30, 2009, be association repre you carried the of the general in U.S. stations,	nplete column 5, sod. Indicate by ent ctivated channel c ubject to a royalty tween a cable sys senting the primar channel on any ot nstructions locate list the community	stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the	
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	which the station is identifed. channel line-up.	
	1	CHANN	EL LINE-UP	AQ		
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	
Consolidated (Communicat	tions Enter	prise Servic	es, Inc	062696	- Trailio	
PRIMARY TRANSMITT	ERS: TELEVISIO	N					
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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent) multicast). For							
				•			
	<u> </u>	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					SYSTEM ID#	Name
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	062696	
PRIMARY TRANSMITTI	ERS: TELEVISIO	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 program bas Substitute Pasis 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 eace 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 multic For the meaning of the Column 5: If you h cable system 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 even- system during ti- ions in effect or 6.61(e)(2) and (6.6	y television standard y television y te	g period, except 81, permitting the referring to 76.6 paragraph. It is a control of the fermion of the referring to 76.6 paragraph. It is in space I (the referring to result of the fermion of the report origination cording to its over the reported in control of the reported in the reported in the referring to the reported in the referring the reported in the referring the reported in the report	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of the second of the seco	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
Consolidated (Communicat	tions Enter	prise Servic	es, Inc	062696	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute 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 ead each multicast stream cast stream as "WETA-simulcast). Column 2: Give th 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 h cable system 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 even- system during ti- ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a subs and also in spa- information cond- ions. ch station's call associated with A-2". Simulcast e channel numl se. For example system carried the in each case way entering the le cast), "E" (for no ese terms, see ation is outside ice area, see pa ave entered "Y entering the le cast), "e" (for no ese terms, see ation is outside ice area, see pa ave entered "Y ice on a part-til sion of a distant t entered into o a primary trans simulcasts, also nree categories	y television standard page (v) of the local servage (v) of the local se	period, except 81, permitting the referring to 76.6° paragraph. or distant stations orizations: to it in space I (the stion was carried ute basis station eport origination cording to its own be reported in compart of the stion was assigned to the station is a network etwork), "N-M" (if I educational), of egeneral instruction of the general instruction of the station is not station in the station is a network of the station in the station is a network of the station in the station in the station is a network of the station in	(1) stations carrie to carriage of certa 1(e)(2) and (4))]; as carried by your context of the carried state of the c	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing		. ,		•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AT		
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
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	062696	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base 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 multicate for the meaning of the Column 5: If you heable system carried the cable system and tion "E" (exempt). For explanation of these the substitute of these the state of the set of the state the system and tion "E" (exempt). For explanation of these the substitute of the set of the state of the set of the	G, identify even the system during it ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(e	y television standard y television y te	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: It it in space I (the 181 tinns as a sation to 182 tinns as assigned to 182 tinns assigned to 182 tinns as as as as a second tinns a	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your context of both on a substitution, see page (v) on program services the television station, p.C. This work station, an indefor network multicution "E-M" (for noncontext of the television station of the television o	es". If not, enter "No". For an ex- e paper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expanding the paper sale is the subject estem or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.	Primary Transmitters: Television
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	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	

LEGAL NAME OF OW Consolidated														
Consolidated					SYSTEM ID#	Name								
	Communicat	tions Enter	prise Servic	es, Inc	062696									
PRIMARY TRANSMITT	ERS: TELEVISIO	N												
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program be Substitute Basis basis under specifc F • Do not list the station station was carried • List the station here basis. For further i in the paper SA3 f Column 1: List ea each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable s Column 3: Indicated ucational station, b (for independent multicated the meaning of the Column 5: If you I cable system carried the distant state For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these the substitute of the set of the s	G, identify even system during the system during the titions in effect or 6.61(e)(2) and (esis, as explaine Stations: With a CC rules, regular here in space donly on a subset, and also in spanformation concorm. In associated with A-2". Simulcast the channel numbers of explain associated with a comparation concorm. In associated with a comparation concormed the channel numbers of explain concorded the concorded the concorded the concorded concorded the concorded the concorded the concorded concorded the concorded concorded the concorded concorded the concorded concorded concorded the concorded conco	y television state he accounting in June 24, 196 (4), or 76.63 (red) in the next perspect to any attions, or auth G—but do list titute basis. ace I, if the state erning substitions in the station account of the station account of the station. Whether the station. Whether the station. Whether the station account of the local servage (v) of the station account of the local servage (v) of the station on during the station or before Junitter or an account or the station or the station of the station	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: It it in space I (the 181 tinns as a sation to 182 tinns as assigned to 182 tinns assigned to 182 tinns as as as as a second tinns a	(1) stations carried e carriage of certa 1(e)(2) and (4))]; as a carried by your constructions, see page (v) on program services er-the-air designation, D.C. This rk station, an indefor network multion "E-M" (for noncontions located in the instant"), enter "Ye ions located in the instant"), enter "Ye ions located in the instant" (for noncontions located in the instant of the ions located in the ion	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television								
					which the station is identifed.									
		CHANN	EL LINE-UP	۸۷	Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.									
1. CALL SIGN	2. B'CAST CHANNEL	. 7./75	1	AV										
	NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION									
		OF		5. BASIS OF CARRIAGE	6. LOCATION OF STATION									
		OF		5. BASIS OF CARRIAGE	6. LOCATION OF STATION									
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		OF		5. BASIS OF CARRIAGE	6. LOCATION OF STATION									

FORM SA3E. PAGE	3.					
	OWNER OF CABLE SY				SYSTEM ID#	Name
Consolidate	d Communica	tions Enter	prise Servic	es, Inc	062696	
PRIMARY TRANSM	IITTERS: TELEVISIO	ON				
In General: In spa carried by your cal FCC rules and reg 76.59(d)(2) and (4 substitute Bas basis under specif • Do not list the sta station was car • List the station he basis. For furth in the paper SA Column 1: List each multicast stre cast stream as "W WETA-simulcast). Column 2: Giv its community of lic on which your cab Column 3: Indi educational statior (for independent m For the meaning o Column 4: If th planation of local s Column 5: If yo cable system carri- carried the distant For the retransr of a written agreen the cable system a tion "E" (exempt). I explanation of thes Column 6: Give	ce G, identify every please system during to ulations in effect or	y television standard by television standard	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried ute basis station eport origination coording to its own be reported in comparation in a network), "N-M" (I educational), one general instructive area, (i.e. "cogeneral instructive area, (i.e. "cogeneral instructive area, (i.e. "cogeneral instructive area, or lack of a sam that is not some 30, 2009, be association repression of the general in true."	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the second of the se	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are ut	ilizing multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AW		
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: 20192 FORM SA3E. PAGE 4.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696										
H Primary Transmitters: Radio	PRIMARY TRANSMITTERS: RADIO 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 receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).										
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION			

FORM SA3E. PAGE 5.							ACCOUNTING	G PERIOD: 20192		
LEGAL NAME OF OWNER OF							SYSTEM ID#	Name		
Consolidated Commun	nications	Enterprise S	Services, Inc				062696	Name		
SUBSTITUTE CARRIAGE In General: In space I, identi					n that your o	cable system	o carried on a	I		
substitute basis during the ad	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	ıthorizations	. For a further			
explanation of the programm				e general instr	ructions loca	ited in the pa	aper SA3 form.	Substitute Carriage:		
	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
broadcast by a distant station? 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.	, leave the	rest of this pag	ge blank. If your answer is "	Yes, you mu	ust complete	e tne progra	ım			
2. LOG OF SUBSTITUTE										
In General: List each subst clear. If you need more spa				wherever pos	sible, if thei	r meaning i	S			
Column 1: Give the title period, was broadcast by a	of every no distant stat	nnetwork televi ion and that yo	ision program (substitute p ur cable system substituted	d for the prog	ramming of	another sta				
under certain FCC rules, re SA3 form for futher informa							^			
titles, for example, "I Love L	ucy" or "NE	BA Basketball:	76ers vs. Bulls."		op 00	p. eg				
			r "Yes." Otherwise enter "N esting the substitute prograi							
Column 4: Give the broathe case of Mexican or Can			ne community to which the			FCC or, in				
Column 5: Give the mon	th and day		tem carried the substitute p			with the mo	nth			
first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your o	able system.	List the tim	nes accurate	ely			
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be				
Column 7: Enter the lette			was substituted for progra				ed			
to delete under FCC rules a gram was substituted for pr										
effect on October 19, 1976.		that your byote	on was pormitted to delete	under i ee i	alco alla lo	galationo in				
				WHE	EN SUBST	ITUTE	7 5540011			
S	UBSTITUT	E PROGRAM	l T		IAGE OCC		7. REASON — FOR			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION			
						_				
						_				
						_				
						<u> </u>				
						<u></u>				

ACCOUNTING PERIOD: 20192 FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062696 Consolidated Communications Enterprise Services, Inc PART-TIME CARRIAGE LOG J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

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

LEGA	L NAME OF OWNER OF CABLE SYSTEM: asolidated Communications Enterprise Services, Inc		SYSTEM ID# 062696	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 identified 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) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)								
InstruConConIf you feetIf you accommoded	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.	arts of the DSE	Schedule	L Copyright Royalty Fee				
bloc If pa 3 be If pa	k 3 below. rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line	2 in block					
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe 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.							
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum". "Yes" in this block. Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	information you mn 4, you must iod?	ı gave in check					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	\$	4,259.81 1,182.42					
	schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	\$	5,442.22					
	 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, ente zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 	\$	0.00 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE. \$ 725.00							
	Add Lines 1, 2 and 3 of block 4 and enter total here Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	\$ (See page (i) of	17,812.82 the	form for submitting the additional fees.				

Name	LEGAL NAME OF OWNER			SYSTEM ID#							
Name	Consolidated Co	mmunio	ations Enterprise Services, Inc	062696							
	CHANNELS										
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations										
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Chamieis	1. Enter the total n	Enter the total number of channels on which the cable									
			roadcast stations	14							
	2. Enter the total n										
	on which the cable system carried television broadcast stations and nonbroadcast services										
N Individual to Be Contacted	we can contact about this statement of account.) ndividual to										
for Further	Name Julie I	Poon	Telephone	916-786-1034							
Information	Address 211 Li		Street route, apartment, or suite number)								
			A 95678								
	I	n, state, zip									
	Email	julie.	poon@consolidated.com Fax (optional)								
	OFFITIE A TION /T	L:4-4	and of a south to sold for a sold in a sold in a sold in the control of the contr								
0	CERTIFICATION (1	ilis statei	nent of account must be certifed and signed in accordance with Copyright Office reg	guiations.							
Certifcation	• I, the undersigned,	hereby c	ertify that (Check one, but only one, of the boxes.)								
		•									
	(Owner other th	an corpo	ration or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or							
	(Agent of owner	r other th	an corporation or partnership) I am the duly authorized agent of the owner of the cabl	e system as identified							
			d that the owner is not a corporation or partnership; or	,							
	X (Officer or part	ner) I am	an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	wner of the cable system							
	in line 1 of sp	pace B.									
		and corre	ent of account and hereby declare under penalty of law that all statements of fact contain of to the best of my knowledge, information, and belief, and are made in good faith. [6]	ned herein							
		<u> </u>	/s/Michael Shultz								
		(e.g., /	in electronic signature on the line above using an "/s/" signature to certify this statement. If John Smith). Before entering the first forward slash of the /s/ signature, place your cursor ton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotu								
		Турес	or printed name: Michael Shultz								
				111111111111111111111111111111111111111							
		Title:	VP Regulatory & Public Policy (Title of official position held in corporation or partnership)								
		Date:	February 26, 2020								
	l			•••••							

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
Consolidated Communications Enterprise Services, Inc	062696	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyr lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the ca service of providing secondary transmissions of primary broadcast transmitters, the secribers and amounts collected from subscribers receiving secondary transmissions	ble system for the basic ystem shall not include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the graper SA3 form.		Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts fo made by satellite carriers to satellite dish owners? X NO	r secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late For an explanation of interest assessment, see page (viii) of the general instructions in the p		Q
Line 1 Enter the amount of late payment or underpayment	x 1%	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 www.copyright.gov/licensing/interest-rate.pdf. F contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day la	ate.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to please list below the owner, address, first community served, accounting period, and ID numfiling.		
Owner Address		
First community served Accounting period ID number		

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ACCOUNTING PERIOD: 20192

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station 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 accoun (page 3), a distant station is:

(1 O)/	
• 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 C 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

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

hours the station broadcast over the air during the accounting period. The

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

DSE will always be the same as the type value.)

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee 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 ε television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

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

Determine whether any of the stations you carried were partially 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 of the schedule; or

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

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

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 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:

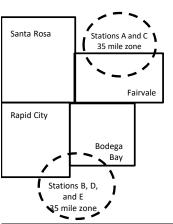
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 Carried		Identification of	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	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 DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

Ψο,οοι.οο							
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)

DSE SCHEDULE. PAGE 11. (CONTINUED)						
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696					
1						
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station.					
	Enter the sum here and in line 1 of part 5 of this schedule.			ļ.	1.00	
	Instructions:					
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5					
0	of space G (page 3).	E"ı for occh indon	andant station, give the DSI	= 00 "1 O": for 6	ach notwork or noncom	
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" STATIONS: DSEs					
Category "O"						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WTWO	0.250			0.122 2.011	
	WTHI	0.250				
	WEIU	0.250				
	KETC	0.250				
		0.200				
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						
						·
				LL		L

Name		WNER OF CABLE SYSTEM:		ces. Inc				SYSTEM ID# 062696
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: Column 1: Lis Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	CAPACITY It the call sign of all dist For each station, give correspond with the info For each station, give Divide the figure in co at least to the third dec For each independent	tant stations identified the number of hours ormation given in space the total number of h lumn 2 by the figure i cimal point. This is the t station, give the "typ	by "LAC" in colur your cable system ce J. Calculate on ours that the stati n column 3, and g "basis of carriage e-value" as "1.0."	n carried the sta ly one DSE for e on broadcast ov ive the result in e value" for the s For each network give the result in	tion during the accourteach station. er the air during the a decimals in column 4 station. rk or noncommercial en column 6. Round to	ccounting period. This figure must educational station,	
Capacity		(CATEGORY LAC	STATIONS: (COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBI OF HO CARRI SYSTE	ER 3. N OURS O ED BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYF		SE
			÷	=		x	=	
			<u>÷</u>	=		x	=	
			÷ ÷			x x	=	
			÷			x	=	
			÷	=		x	=	
			<u>÷</u>	=		x	=	
			÷	=		x	=	
	Add the DSEs of	OF CATEGORY LAC of each station. m here and in line 2 of		e,	▶	0.0	00	
Computation of DSEs for Substitute-Basis Stations	 Was carried tions in efference broadcast or space I). Column 2: Fat your option. Column 3: Ecolumn 4: Ec	e the call sign of each s by your system in subs ct on October 19, 1976 ne or more live, nonneton For each station give the This figure should corre- Enter the number of day Divide the figure in colultris is the station's DSE	stitution for a program (as shown by the lett work programs during e number of live, non espond with the inforr ys in the calendar yea mn 2 by the figure in	that your system er "P" in column 7 that optional carris network programs nation in space I. ar: 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by as carried in substance) a leap year. The the result in common to the space I is a	o delete under FCC rud the word "Yes" in colur titution for programs the	ules and regular- nn 2 of nat were deleted less than the third	orm).
		Sl	JBSTITUTE-BAS	IS STATIONS	S: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	
			<mark></mark>	= 			÷	<u> </u>
			····	=			<u> </u>	
			÷	=			÷	=
			÷	=			÷	=
	Add the DSEs of	OF SUBSTITUTE-BAS	SIS STATIONS:	e,		0.	00	=
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the are applicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		in parts 2, 3, and	4 of this schedule	e and add them to prov	1.00 0.00 0.00	
	TOTAL NUMBE	R OF DSEs					_	1.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 20192

LEGAL NAME OF O			rise Servic	es, Inc			S	YSTEM ID# 062696	Name
Instructions: Bloc In block A: • If your answer if ' schedule. • If your answer if '	"Yes," leave the re	emainder of p		7 of the DSE scho	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
				ELEVISION M					Computation of 3.75 Fee
<u></u>	1981?	schedule—D	•	aller markets as de				gulations in	
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Scheo	ns prior to Jui dule. (Note: Th	part 2, 3, and 4 o ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see tl	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursu: *F A station pre	ules and reguled pursuant to fon as defined all educations of the school	ations cited be the FCC main 76.5(kk) (7 I station [76.55) (see paragule). all waiver of Fd on a part-tin thin grade-B of the point of the paragulation of the paragul	ne or substitute ba contour, [76.59(d)(se in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WTWO	В	0.25							
WEIU WTHI	С	0.25							
KETC	B C	0.25 0.25							
KLIO		0.23			•				
								1.00	
		BI	OCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			·		
Line 2: Enter the	sum of permitte	ed DSEs fron	n block B abo	ove			,		
Line 3: Subtract l (If zero, le				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	ı space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375	and enter su	m here				x		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3	100111111111111111111111111111111111111			,		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 aı	nd enter here	e and on line	2, block 3, spac	e L (page 7)			0.00	

	OWNER OF CABLE Communication		orise Servic	es, Inc			S'	YSTEM ID# 062696	Nama
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			_
1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS			2. PERMITTED BASIS	3. DSE	6
	2,70.0			5, 13.3			5, 10.10		Computation o
				•					

Name	Consolidated C			se Services,	ln	С				062696	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.										
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			
	1. CALL	2. PRIC		COUNTING		4. BASIS OF	1	RESENT	6. P	ERMITTED	
	SIGN	DSE	Р	ERIOD		CARRIAGE	[DSE		DSE	
7 Computation	Instructions: Block A In block A: If your answer is		npleted. ete blocks B and C	, below.							
of the	If your answer is	"No," leave b	locks B and C blan	k and complete	ра	rt 8 of the DSE sched	ule.				
Syndicated			BLOC	K A: MAJOR	TE	ELEVISION MARK	ET				
Exclusivity											
Surcharge	Is any portion of the or	cable system v	vithin a top 100 maj	or television mar	ket	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
	Yes—Complete	blocks B and	IC.			X No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VHI	-/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSE	S	
	Is any station listed in commercial VHF stati or in part, over the cal	ion that places				Was any station listed nity served by the cab to former FCC rule 76	le system p				
	Yes—List each s	tation below wi	th its appropriate per	mitted DSE		Yes—List each st	ation below	with its appropri	ate permi	tted DSE	
	X No—Enter zero a	ind proceed to	part 8.			X No—Enter zero a	nd proceed t	o part 8.			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE	
			-								
		_									
			TOTAL DSEs	0.00			· '	TOTAL DS	SEs .	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,605,998.41	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	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	Exclusivity 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.		
	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? \(\text{\text{Y}} \) No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ _\$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	3YSTEM ID# 062696
	•	Consolidated Communications Enterprise Services, Inc	062696
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here▶	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	<u></u> .
	Instru	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of par checked "Yes," use the total number of DSEs from part 5.	t
		ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of		ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo	•
Base Rate Fee	blank		N
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		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?	
		Yes—Complete part 9 of this schedule. X 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) ▶ \$ 1,605,998.4	<u>1</u>
	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.)▶	00
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ 17,087.83	2
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ 11,258.05	_
		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)	17 087 82
		Base Rate Fee	

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 20192

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Consolidated Communications Enterprise Services, Inc	062696	
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of
C. Multiply line B by 3.000 and enter here		Base Rate Fee
D. Enter 0.00330 of gross receipts		
(the amount in section 1) \$		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
F. Multiply line D by line E and enter here >		
G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)		
Base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television be	roadcast signals shall	
instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple Space G.	channel line-ups in	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base receipts from subscribers located within the station's local service area, from your system's total gross receipts. To		Computation
exclusion, you must:	take advantage of this	of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distation or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deto DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	ermine the number of fee for each group.	and Syndicated Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exert also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A art if your cable system is wholly located outside all major television markets, complete block A only.	mpt in part 7, you must	for Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant to that community.	ant station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are c subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. I system will have only one subscriber group when the distant stations it carried have local service areas that coincides the stations of the complement of stations is carried have local service areas that coincides the stations of the complement of stations to which they are complement of stations. If the station is the station is considered to the station of t	Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your groups.	our system's subscriber	
In each section: • Identify the communities/areas represented by each subscriber group.		
• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant	nt to all of the	
subscribers in the group. • If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you g and 4 of this schedule; or,	ave it in parts 2, 3,	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gav part 6 of this schedule.	e it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the ge in the paper SA3 form.	eneral instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber groups for that group's complement of stations and total gross receipts from the subscribers in that group). You do	oup (that is, the total	

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

actual calculations on the form.

DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062696 **Consolidated Communications Enterprise Services, Inc** 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.

Consolidated Co		E SYSTEM: ions Enterprise	Services,	Inc		S	062696	Name
F	BLOCK A: (OMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	Mattoor	n, Arcola, etc		COMMUNITY/ AREA	Effingh	am		9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
O'TEE OTOTA	-	O/LE CICIT	DOL	Of IEE OF OTT	DOL	O/ LEE GIGIT	DOL	Base Rate
								and
								Syndicat
								Exclusiv
								Surchar
								for
								Partiall Distan
								Station
	····							Otation
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$ 634	4,294.42	Gross Receipts Secon	ıd Group	s 1	41,012.32	
.,	J. 5 4 P			ll cross rassipio cossi		<u>* </u>	,	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
Base Rate Fee First (\$ SUBSCRIBER GRO		Base Rate Fee Secon		SUBSCRIBER GRO		
	THIRD	SUBSCRIBER GRO		Base Rate Fee Secon COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO		
	THIRD	SUBSCRIBER GRO			FOURTH	I SUBSCRIBER GRO		
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN NTWO	THIRD Strasbu	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN NTWO	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
CALL SIGN	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN NTWO	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN NTWO	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN NTWO	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN NTWO	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN NTWO	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN NTWO	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN WTWO WTHI	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN WTWO	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN VTWO	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
CALL SIGN NTWO NTHI	Strasbu DSE 0.25	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA CALL SIGN	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP DSE	
CALL SIGN NTWO NTHI	Strasbu DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	FOURTH Arthur, (See Non	SUBSCRIBER GRO Gays, Windsor Permitted)	UP	
COMMUNITY/ AREA CALL SIGN WTWO	THIRD Strasbu DSE 0.25 0.25	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	FOURTH Arthur, (See Non DSE	SUBSCRIBER GRO Gays, Windsor Permitted) CALL SIGN	UP DSE	

LEGAL NAME OF OWNE Consolidated Con			Services	Inc		•	SYSTEM ID# 062696	
ВІ	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GRO)UP	
COMMUNITY/ AREA	Assum	otion, Atwood, B	ulpitt, et	COMMUNITY/ AREA Cowden & Stewardson				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WTWO	0.25			WTWO	0.25			
WTHI	0.25			WTHI	0.25			
						-		
						-		
			l					
otal DSEs			0.50	Total DSEs			0.50	
Dessimts Finat C		. 142	786.88	Crass Dansints Cas		•	23,469.43	
oss Receipts First G	Toup	<u>\$ 143,</u>	700.00	Gross Receipts Sec	ona Group	\$	23,469.43	
ase Rate Fee First G	roup	\$	764.95	Base Rate Fee Sec	ond Group	\$	124.86	
;	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GRO	DUP	
OMMUNITY/ AREA	Blue Me	ound, Edinburg, I	Kincaid,	COMMUNITY/ ARE	A Montgor	nery County (Fa	ırmersville,	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
TWO	0.25			KETC	0.25			
ГНІ	0.25							
EIU	0.25							
						-		
						-		
tal DSEs			0.75	Total DSEs			0.25	
ross Receipts Third C	Group	\$ 328,	176.51	Gross Receipts Fou	rth Group	\$	262,004.17	
	•				•			
Base Rate Fee Third G	Group	\$ 2,	618.85	Base Rate Fee Fou	rth Group	\$	696.93	
		•				1		
ase Rate Fee: Add the nter here and in block			riber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Consolidated Co			Services	Inc		S	062696	Name
I		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	IIP	
COMMUNITY/ AREA		- CODOCKIDEN CINC	0	COMMUNITY/ ARE		OODGONDEN GIVE	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		_						and
						-		Syndicated
								Exclusivity
								Surcharge
						-		for Partially
								Distant
						-		Stations
		_						
		•				•		
Гotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696							
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	LIP	
COMMUNITY/ ARE			0	COMMUNITY/ AREA		T COBCONIBLIT ONC	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
T-4-1 DOE-			0.00	T-4-1 DOF-		1	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	FIFTEENTH	SUBSCRIBER GROU	JP		SIXTEENTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

Gross Receipts First Group Base Rate Fee First Group NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SI		EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696								
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE and Syndicated of Base Rate Fee Fourth Group Screek Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	SE ¹							UP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Section with Surcharge for Partially Distant Stations St	COMMUNITY/ ARE	A		0	COMMUNITY/ AREA	4		0	_	
and and Exclusivity Surcharge for Partially Distant Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00 Total DSEs 0.00 Sase Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Costal DSEs 0.00 Gross Receipts Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Fourth Group \$ 0.00 Sase Rate Fee Fourth Group \$ 0.00 Sase Rate Fee Fourth Group \$ 0.00 Sase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			-							
			-							
Surcharge for Partially Distant Stations Total DSEs										
Partially Distant Stations Total DSEs			-							
Total DSEs Gross Receipts First Group NINTEENTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN										
Stations Statio										
Total DSEs Gross Receipts First Group Sase Rate Fee First Group TWENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMMUNITY/ AREA OCOMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNIT										
Gross Receipts First Group Sase Rate Fee Second Group NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL			-							
Gross Receipts First Group Base Rate Fee First Group Sommunity AREA O CALL SIGN DSE CALL										
Gross Receipts First Group Sase Rate Fee Second Group NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL										
Gross Receipts First Group Sase Rate Fee Second Group NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL			•							
Gross Receipts First Group Sase Rate Fee Second Group NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL			•							
Base Rate Fee First Group S	Total DSEs			0.00	Total DSEs			0.00		
NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE	Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE										
COMMUNITY/ AREA O COMMUNITY/ AR	Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN			SUBSCRIBER GROU		ii e		I SUBSCRIBER GRO	_		
Total DSEs O.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	COMMUNITY/ ARE	.A		U	COMMUNITY/ AREA	4		U		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs			0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Thir	rd Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.										
	Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
					Ш					
· · · · · · · · · · · · · · · · · · ·				criber group	as shown in the boxes	s above.	\$			

	LE SYSTEM: Itions Enterprise	Services	, Inc		S	YSTEM ID# 062696	
			ATE FEES FOR EAC				
	SUBSCRIBER GROU		TWENTY-SECOND SUBSCRIBER GROUP				
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	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENTY-THIRD	SUBSCRIBER GROU	JP	TWEN	TY-FOURTH	I SUBSCRIBER GRO	UP	
DMMUNITY/ 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 Third Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
						<u></u>	
	ĺ		H	th Group	1		

	EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696								
TWE	ENTY-FIFTH	COMPUTATION C SUBSCRIBER GRO	DUP	††	ENTY-SIXTH	RIBER GROUP I SUBSCRIBER GRO		9	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and Syndicated	
		_						Exclusivity	
		_						Surcharge	
								for Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
		SUBSCRIBER GRO		††		SUBSCRIBER GRO			
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$			

oonaatea oominameationa Enterprise oervices, ili	GAL NAME OF OWNER OF CABLE SYSTEM: onsolidated Communications Enterprise Services, Inc 062696									
BLOCK A: COMPUTATION OF BASE RATE	FEES FOR EACH	SUBSCR	IBER GROUP							
TWENTY-NINTH SUBSCRIBER GROUP	THIRTIETH SUBSCRIBER GROUP									
MUNITY/ AREA 0 C	COMMUNITY/ AREA 0									
L SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of					
DOE ONLE GIGIN DOE	O'NEE GIGIT	DOL	O' LEE GIGIT	DOL	Base Rate					
					and					
					Syndicate					
					Exclusivi					
			-		Surcharg					
					for					
······································					Partially Distant					
<u> </u>			.		Stations					
					Otations					
DSEs	otal DSEs			0.00						
Receipts First Group \$ 0.00 G	Gross Receipts Second	d Group	\$	0.00						
	·		· ·							
Rate Fee First Group \$ 0.00	Base Rate Fee Second	d Group	\$	0.00						
THIRTY-FIRST SUBSCRIBER GROUP	THIRTY	-SECOND	SUBSCRIBER GROU	JP						
MUNITY/ AREA C	COMMUNITY/ AREA 0									
L SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL CICNI							
- S.S. DOL ONLL GIOIN DOL		DOL	CALL SIGN	DSE						
JOE OF THE STORY DOLL		DOL	CALL SIGN	DSE						
JOE OF THE STORY DOLL		DOL	CALL SIGN	DSE						
JOE OF THE STORY DOLL		DOL	CALL SIGN	DSE						
		DSL	CALL SIGN	DSE						
		DSL	CALL SIGN	DSE						
		DOL	CALL SIGN	DSE						
			CALL SIGN	DSE						
			CALL SIGN	DSE						
		DOL	CALL SIGN	DSE						
			CALL SIGN	DSE						
			CALL SIGN	DSE						
			CALL SIGN	DSE						
			CALL SIGN	DSE						
	otal DSEs		CALL SIGN	DSE						
DSES	Total DSEs Gross Receipts Fourth		S							

Consolidated Communic	ABLE SYSTEM: cations Enterprise	Services	Inc		S	YSTEM ID# 062696	
	: COMPUTATION C						
	D SUBSCRIBER GRO		THIRTY-FOURTH SUBSCRIBER GROUP				
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	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
THIRTY-FIFT	H SUBSCRIBER GRO	OUP	Т	HIRTY-SIXTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>+</u>						
	····						
		·····					
otal DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	urth Group	\$	0.00	

	EGAL NAME OF OWNER OF CABLE SYSTEM: consolidated Communications Enterprise Services, Inc 062696									
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP				
	SEVENTH	SUBSCRIBER GRO	UP	THI	RTY-EIGHTH	SUBSCRIBER GRO	UP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
OF REE GIGIT	DOL	CALL STORY	502	OF ILLE STOTE	562	O/ LEE STOTA	502	Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
								Stations		
		-	.							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO	_			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$				

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S	YSTEM ID# 062696	Name		
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP				
FOR	TY-FIRST	SUBSCRIBER GRO	UP	FOR	TY-SECONE	SUBSCRIBER GRO	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
								Base Rate Fee		
								and		
		-						Syndicated		
								Exclusivity Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs	·		0.00			
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
FOR1	TY-THIRD	SUBSCRIBER GRO	UP	FOR	TY-FOURTH	SUBSCRIBER GRO	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	te fees for each subsepace L (page 7)	criber group	as shown in the boxes	s above.	\$				

	EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696								
		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	_	
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
		_						Distant	
								Stations	
Γotal DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
FORT	Y-SEVENTH	SUBSCRIBER GRO	DUP	FO	RTY-EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		_							
		-							
						-			
		-							
						•			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$			

	LE SYSTEM: ations Enterprise	Services	, Inc		S	YSTEM ID# 062696	
			TE FEES FOR EAC				
	SUBSCRIBER GROU		 		SUBSCRIBER GRO		
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	
oss Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIFTY-FIRST	SUBSCRIBER GROU	UP	FIF	TY-SECONE	SUBSCRIBER GRO	JP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-						
	1-						
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	I			th Group			

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S	YSTEM ID# 062696	Name	
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP			
FIFT	Y-THIRD	SUBSCRIBER GRO	UP	FIF	TY-FOURTH	I SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and	
								Syndicated	
		-						Exclusivity Surcharge	
								for	
		-						Partially	
								Distant	
								Stations	
Total 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		
	ΓY-FIFTH	SUBSCRIBER GRO		TT .		SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
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		
Page Bate For Third C	rour		0.00	Bose Bets Fra	th Crave		0.00		
Base Rate Fee Third G	ισυρ	\$	0.00	Base Rate Fee Four	ит Отоир	\$	0.00		
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsepace L (page 7)	criber group	as shown in the boxes	s above.	\$			

A: COMPUTATION ITH SUBSCRIBER GR	ROUP	П				
ITH SUBSCRIBER GI		FI	FTY-EIGHTH	I STIDSCOIDED COO		
		FIFTY-EIGHTH SUBSCRIBER GROUP				
	0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	0.00	Total DSEs		•	0.00	
\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
			•			
\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH SUBSCRIBER G				I SUBSCRIBER GRO	UP	
	0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	0.00	Total DSEs			0.00	
\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
		11		I		
	\$ \$ CALL SIGN	0.00 \$ 0.00 \$ 0.00 CALL SIGN DSE CALL SIGN DSE	0.00 \$ 0.00 \$ 0.00 \$ 0.00 Base Rate Fee Sec CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs	O.00 \$ O.00 \$ O.00 \$ O.00 \$ O.00 \$ COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA Total DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSE Total DSEs	0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ SALE SIGN DEE CALL SIGN DEE CALL SIGN COMMUNITY/ AREA COMMUNITY/ AREA	

LEGAL NAME OF OWNE Consolidated Com			Services	Inc		S	YSTEM ID# 062696	Name	
BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP			
SIX	TY-FIRST	SUBSCRIBER GRO	UP	SIX	TY-SECONE	SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
		=						Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total 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		
	Y-THIRD	SUBSCRIBER GRO	UP	11		SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
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		
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subs	criber group	as shown in the boxes	s above.	\$			

	GAL NAME OF OWNER OF CABLE SYSTEM: onsolidated Communications Enterprise Services, Inc 062696								
		COMPUTATION O		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
						-		Syndicated Exclusivity	
		_						Surcharge	
								for	
								Partially	
								Distant Stations	
						-		Stations	
Γotal DSEs		Ш	0.00	Total DSEs		I.I.	0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
oroso rescipto i not	Стоир		0.00	Cross recorpts cod	ona Group	•	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
		SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWNER OF CAE Consolidated Communica		Services	, Inc		S	YSTEM ID# 062696
			ATE FEES FOR EAC			
	I SUBSCRIBER GRO	UP 0			SUBSCRIBER GROU	
COMMUNITY/ AREA		U	COMMUNITY/ AREA 0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	. –					
	* 					
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00
	SUBSCRIBER GRO		III		SUBSCRIBER GROU	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	1		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	. =					
otal DSEs		0.00	Total DSEs			0.00
Fotal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00
	\$			th Group	\$	
	\$				\$	

062696 Name		, Inc	Services,		IER OF CABL	Consolidated Cor
R GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	BLOCK A: (B
BSCRIBER GROUP	/-FOURTH	SEVENT	JP	SUBSCRIBER GRO	ITY-THIRD	SEVEN
0 Computati	COMMUNITY/ AREA 0					COMMUNITY/ AREA
CALL SIGN DSE of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						
and						
Syndicate						
Exclusivi						
Surcharg						
for						
Partially Distant						
Stations						
Otations						
				-		
0.00		Total DSEs	0.00			otal DSEs
0.00	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
0.00	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
BSCRIBER GROUP	ITY-SIXTH	SEVE	JP	SUBSCRIBER GRO	NTY-FIFTH	SEVEN
O	COMMUNITY/ AREA 0					COMMUNITY/ AREA
CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
<u></u>				-		
				-		
				-		
0.00		Total DSEs	0.00			rotal DSEs
0.00	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	
	Group			\$	Group	Fotal DSEs Gross Receipts Third (

EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696							Name	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
SEVE COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP 0	
COMMONT IT AIRE				COMMONT I/ AIL	·			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	_							
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	tn Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696							Name	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
- '		·			,	<u>·</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		I SUBSCRIBER GRO	_	
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	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
•	•				•			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM: onsolidated Communications Enterprise Services, Inc 062696							Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs	-	•	0.00	Total DSEs		•	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
·	·		1		·			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROU		III		I SUBSCRIBER GRO	_	
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	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	o as shown in the boxes	s above.	\$		

LEGAL NAME OF OW Consolidated Co			Services,	Inc		S	062696	Name
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	0
COMMUNITY/ ARE	4		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		_						Surcharge
								for
								Partially Distant
						·		Stations
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	-	\$	0.00	Base Rate Fee Sec		\$	0.00	
NII COMMUNITY/ ARE		SUBSCRIBER GRO	0 0	NINE COMMUNITY/ ARE		SUBSCRIBER GRO	<u>UP</u>	
COMMUNITY AREA	·····			COMMONT 17 ARE	Α			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						·		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696								Name
NIN		COMPUTATION O		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
						-		and
								Syndicated
		_				H		Exclusivity Surcharge
		_				<u> </u>		for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NII	NETY-FIFTH	SUBSCRIBER GRO	UP	NI	NETY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

Exclusivity	N				
COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE Base Rate F and Syndicated Exclusivity		ROUP	OLIDOODIDED OD		
CALL SIGN DSE CALL SIGN DSE of Base Rate F and Syndicated Exclusivity	COMMUNITY/ AF	0	SUBSCRIBER GR	TY-SEVENTH	NINET
CALL SIGN DSE CALL SIGN DSE of Base Rate F and Syndicated Exclusivity	COMMUNITY/ AREA 0				COMMUNITY/ AREA
Base Rate F and Syndicate Exclusivit					CALL SIGN
Syndicated Exclusivity		DSE	CALL SIGN	DSE	
Syndicated Exclusivity Surcharge					
Surcharge			_		
			-		
for					
Partially					
Distant					
Stations					
			-		
Total DSEs 0.00	Total DSEs	0.00		•	otal DSEs
Gross Receipts Second Group \$ 0.00	Gross Receipts S	0.00	\$	st Group	Gross Receipts First
Base Rate Fee Second Group \$ 0.00	Base Rate Fee S	0.00	\$	st Group	Base Rate Fee First
ONE HUNDREDTH SUBSCRIBER GROUP		ROUP 0	SUBSCRIBER GR	NETY-NINTH	NIN
COMMUNITY/ AREA 0	COMMUNITY/ AREA 0				COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN

			H		
Total DSEs 0.00	Total DSEs	0.00			otal DSEs
Gross Receipts Fourth Group \$ 0.00	Gross Receipts F	0.00	\$	rd Group	Gross Receipts Third
				•	,
Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee F	0.00	\$	rd Group	Base Rate Fee Third

LEGAL NAME OF OWNE Consolidated Com			Services	Inc		S	YSTEM ID# 062696	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	ED FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	D THIRD	SUBSCRIBER GRO	JP	11		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		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	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
					-			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	te fees for each substance L (page 7)	criber group	as shown in the boxes	s above.	\$		

prise Services, Inc 062696 Name	S		Inc	Services,			LEGAL NAME OF OWNE Consolidated Con
ON OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl
R GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP	SUBSCRIBER GROU	ED SIXTH	ONE HUNDF	JP	SUBSCRIBER GRO	ED FIFTH	ONE HUNDR
0 COMMUNITY/ AREA 0 9	COMMUNITY/ AREA 0						COMMUNITY/ AREA
	CALLSIGN	DSF		DSF	CALL SIGN	DSE	CALL SIGN
Base Rate	O/ALL OIGH	DOL	OALL GIGIT	BOL	O/ LEE O/O/I	DOL	O'NEE GIGIT
and							
Syndicat							
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for							
Partially							
Distant Station:							
Station:							
					-		
0.00 Total DSEs 0.00			Total DSEs	0.00			otal DSEs
0.00 Gross Receipts Second Group \$ 0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
		,					,
0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	sase Rate Fee First G
R GROUP ONE HUNDRED EIGHTH SUBSCRIBER GROUP	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED S
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
N DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	_				-		
					_		
······································							
					-		
0.00 Total DSEs 0.00			Total DSEs	0.00			otal DSEs
	<u></u>	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
0.00 Gross Receipts Fourth Group \$ 0.00		•	II			•	
0.00 Gross Receipts Fourth Group \$ 0.00							

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
UNDRED NINTH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRIBER GROUP	0
AREA 0 COMMUNITY/ AREA 0	9
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Computation of
	ase Rate
	and
Syn	Syndicat
	Exclusiv
	Surchar
	for
	Partiall Distan
<u>□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□</u>	Station
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
RED ELEVENTH SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCRIBER GROUP	
AREA 0 COMMUNITY/ AREA 0	
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	
Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	

Syl Ex	9
JNITY/ AREA O COMMUNITY/ AREA Con SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Syl Ex.	9
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base	9
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base	
Base Sylvania and the state of	of
Ex	e Rate F
Ex	and
	ndicate
Su	clusivit
	urcharge
	for
	Partially Distant
	Stations
	otationo
SEs 0.00 Total DSEs 0.00	
Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
HUNDRED FIFTEENTH SUBSCRIBER GROUP ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP	
JNITY/ AREA 0 COMMUNITY/ AREA 0	
SIGN DSE CALL SIGN DSE CALL SIGN DSE	
SES Total DSES 0.00	
Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
ate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

F OWNER OF CABLE SYSTEM: ed Communications Enterprise Services, Inc	YSTEM ID# 062696			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP				
O SEVENTEENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA	JP 0			
	111111111111111111111111111111111111111			
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE			
	0.00			
	0.00			
s First Group \$ 0.00 Gross Receipts Second Group \$				
s First Group \$ 0.00 Gross Receipts Second Group \$				
First Group \$ 0.00 Base Rate Fee Second Group \$	0.00			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP ONE HUNDRED TWENTIETH SUBSCRIBER GROUP	JP			
First Group \$ 0.00 Base Rate Fee Second Group \$				
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP ONE HUNDRED TWENTIETH SUBSCRIBER GROUP	JP			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group \$ RED NINTEENTH SUBSCRIBER GROUP AREA 0 COMMUNITY/ AREA	JP 0			
Base Rate Fee Second Group RED NINTEENTH SUBSCRIBER GROUP AREA DSE CALL SIGN DSE CALL SI	JP 0 DSE			
Base Rate Fee Second Group RED NINTEENTH SUBSCRIBER GROUP AREA DSE CALL SIGN DSE Total DSEs	DSE O.000			

S Name	YSTEM ID# 062696			Inc	Services,	tions Enterprise		LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED TWEN	JP	SUBSCRIBER GROU	NTY-FIRST	ONE HUNDRED TWEN
.	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa	CALL SIGN DSE CALL SIGN DSE				DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	562	OF ILLE STORY	502	O/ IEE STOTY	502	OF ILL STORY	DOL	O' ILLE O'O'I
and								
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Exclusiv								
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for						=		
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Station								
""								
	0.00		*	Total DSEs	0.00	!		otal DSEs
	Gross Receipts Second Group \$ 0.00					•	roup	Bross Receipts First G
	0.00	•	lu Group	Gross Receipts Secon	0.00	\$	поир	noss Neceipis i list o
		•			0.00	sase Rate Fee First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	[\$	ιουρ	dase Nate i ee i iist o
[1	SUBSCRIBER GROUP						
	1							ONE HUNDRED TWEN
				ONE HUNDRED TWEN)			ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN
	DSE	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN
	DSE 0.000	SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Cotal DSEs
	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEN

BLOCK A: ONE HUNDRED TWENTY-FIFTH COMMUNITY/ AREA CALL SIGN DSE			ONE HUNDRED TV			1
COMMUNITY/ AREA	SUBSCRIBER GROUP		ONE HUNDRED TV	VENTY-SIXTH	I SUBSCRIBER GROUE	
			COMMUNITY/ AREA	٨	T GODGOTTIDETT GITGOT	0
CALL SIGN DSE						
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	_					
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
E LILINDDED TWENTY OF VENTU	CURCOURER CROUIR		ONE HUNDRED TWO	NTV FIGURE	L CURCORIRER CROUE	
E HUNDRED TWENTY-SEVENTH OMMUNITY/ AREA	SUBSCRIBER GROUP	0	COMMUNITY/ AREA		I SUBSCRIBER GROUF	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00

Consolidated Communica	BLE SYSTEM: ations Enterprise	Services	, Inc		S	YSTEM ID# 062696
			TE FEES FOR EAC	H SUBSCR	RIBER GROUP	
ONE HUNDRED TWENTY-NINTH	SUBSCRIBER GROUP		III		SUBSCRIBER GROUF	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs	-!-!	0.00	Total DSEs		!!	0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
	·					
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
ONE HUNDRED THIRTY-FIRST	SUBSCRIBER GROUP		TT .		SUBSCRIBER GROUP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
·····						
otal DSEs		0.00	Total DSEs			0.00
	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00
	\$			th Group	\$	
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$				\$	

LEGAL NAME OF OWNER OF CA Consolidated Communic		Services.	, Inc			062696
			ATE FEES FOR EAC			
ONE HUNDRED THIRTY-THIR COMMUNITY/ AREA	O SUBSCRIBER GROU	P 0	ONE HUNDRED THIS		SUBSCRIBER GROUF	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					•	
	200					
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
	\$	0.00	Base Rate Fee Seco		\$	0.00
ONE HUNDRED THIRTY-FIFT	L	P	ONE HUNDRED T	HIRTY-SIXTH	\$ I SUBSCRIBER GROUP	
ONE HUNDRED THIRTY-FIFT	L			HIRTY-SIXTH		
ONE HUNDRED THIRTY-FIFT	L	P	ONE HUNDRED T	HIRTY-SIXTH		
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT OMMUNITY/ AREA	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT OMMUNITY/ AREA	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT OMMUNITY/ AREA	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT OMMUNITY/ AREA	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT OMMUNITY/ AREA	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT COMMUNITY/ AREA CALL SIGN DSE Total DSEs	H SUBSCRIBER GROU	P O DSE	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN	DSE	I SUBSCRIBER GROUF	DSE
COMMUNITY/ AREA	H SUBSCRIBER GROU	DSE DSE	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE DSE O.00

	BLE SYSTEM: ations Enterprise	Services	, Inc		S	993TEM ID# 062696
			TE FEES FOR EAC			
ONE HUNDRED THIRTY-SEVENTI	H SUBSCRIBER GROUP				H SUBSCRIBER GROUF	
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
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
ONE HUNDRED THIRTY-NINTI	H SUBSCRIBER GROUF	·	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GRO	UP
OMMUNITY/ 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
Succe Descints Third Curve	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
ross Receipts Third Group				-		
Gross Receipts Third Group		1			1	

LEGAL NAME OF OWI Consolidated Co		LE SYSTEM: tions Enterprise	Services,	Inc		S	YSTEM ID# 062696	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		tt e		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
		0.1223.0		0.122.000				Base Rate
								and
		_						Syndicat
		_						Exclusiv
								Surchar
								for Partiall
								Distan
								Station
Tatal DCEs			0.00	Total DCFs		<u> </u>	0.00	
otal DSEs			0.00	Total DSEs				
Fross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROU	P	ONE HUNDRED FO	RTY-FOURTH	I SUBSCRIBER GROUF)	
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		L						
		=						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
			2.55					
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rın Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696								
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
						-		
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	DRTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
	- -	•	0.00		rth Group	•	0.00	
Gross Receipts Third (νισαμ	\$	3.00	Gross Receipts Fou	iui Giuup	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: consolidated Communications Enterprise Services, Inc 062696								
				TE FEES FOR EAC					
		SUBSCRIBER GRO	<u>OUP</u> 0	ONE HUNDR		I SUBSCRIBER GRO	JP 0	9	
COMMUNITY/ AREA			U	COMMUNITY ARE	Α		U	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED F	IFTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GRO	JP		
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		,							
Total DSEs	•		0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696							
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE			
								of Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
		-						Distant
								Stations
	<u> </u>						0.00	
Total 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	
ONE HUNDRED FIF	ΓY-FIFTH	SUBSCRIBER GROU		İ		SUBSCRIBER GROU		
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	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes	s above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc 062696								
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FIFT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FIFTY-EIGHTH	I SUBSCRIBER GROUF)	0
COMMUNITY/ AREA		0 COMMUNITY/ AREA 0					9 Computat	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi Surcharg
								for
			<u> </u>					Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs		-1-1	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	-							
sase Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU	Р	ONE HUNDRED SIXTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	oss Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		<u> </u>	0.00		Oloup	<u>*</u>	3.00	

LEGAL NAME OF OWNE Consolidated Con			Services,	Inc			SYSTEM ID# 062696	Name
Bl		COMPUTATION OF		TE FEES FOR EAC				
		SUBSCRIBER GROU	JP			SUBSCRIBER GR	OUP	9
COMMUNITY/ AREA	Mattoo	n, Arcola, etc		COMMUNITY/ ARE	A Effingha	am		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 634,	294.42	Gross Receipts Sec	ond Group	\$	141,012.32	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
					50115511	0.10000105000	-	
		SUBSCRIBER GROU	JP	 		SUBSCRIBER GR	OUP	
COMMUNITY/ AREA	Strasbi	ırg		COMMUNITY/ ARE	A Artnur,	Gays, Windsor		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WTWO	0.25			
				WTHI	0.25			
Total DSEs			0.00	Total DSEs			0.50	
Gross Receipts Third G	Group	\$ 10,	192.44	Gross Receipts Fou	rth Group	\$	63,062.24	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	1,182.42	
Base Rate Fee: Add th		te fees for each subsc space L (page 7)	riber group	II as shown in the boxe	s above.	\$	1,182.42	

Name	STEM ID# 062696	51		Inc	Services,			LEGAL NAME OF OWNE Consolidated Com
				TE FEES FOR EACH				BL
9	Р	SUBSCRIBER GROUP				SUBSCRIBER GROU		
Computati		ı & Stewardson	Cowden	COMMUNITY/ AREA	ulpitt, et	ption, Atwood, Bu	Assum	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate								
Exclusivit								
Surcharg								
for								
Partially Distant								
Stations								
Stations							-	
						-		
							-	
		•	•	Total DSEs	0.00			Total DSEs
	0.00							Gross Receipts First G
	3,469.43	\$ 23	d Group	Gross Receipts Secon	786.88	\$ 143,	oup	oloss Receipts Filst Gi
		\$ 25		Gross Receipts Secon	0.00	\$ 143, \$		
	0.00		d Group		0.00		oup	Base Rate Fee First Gr
	0.00	\$	d Group EIGHTH	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	oup SEVENTH	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	oup SEVENTH	Base Rate Fee First Gr
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00 Pmersville,	\$ SUBSCRIBER GROUP mery County (Farn	d Group EIGHTH Montgor	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup SEVENTH Blue Mo	CALL SIGN
	0.00 Persessille, DSE	SUBSCRIBER GROUP mery County (Farn CALL SIGN	EIGHTH Montgor DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	0.00 JP Kincaid, DSE	SUBSCRIBER GROUD OUND, Edinburg, March 1981	DSE	Base Rate Fee First Gr S COMMUNITY/ AREA

Name	YSTEM ID# 062696			Inc	Services,			LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROU	TENTH	COMMUNITY ASS.		SUBSCRIBER GROU	NINTH	COMMANDATIVE A DE C
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate Exclusivit								
Surcharg								
for		·					-	
Partially								
Distant								
Stations								
		-						
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
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Name	YSTEM ID# 062696	S		Inc	Services,			LEGAL NAME OF OWNE Consolidated Con
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								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs		1	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIF	RTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Total DSEs Gross Receipts Third Base Rate Fee Third Base Rate Fee: Add	Group	\$	0.00	Gross Receipts Fou	rth Group	\$ \$	0.00	

Consolidated Communic	BLE SYSTEM: ations Enterprise	Services,	, Inc			YSTEM ID# 062696
	COMPUTATION O		ATE FEES FOR EACH		RIBER GROUP SUBSCRIBER GROUP	ID.
COMMUNITY/ AREA	SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GROU	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
tol DSEs		0.00	Total DSEs		1	0.00
otal DSEs	•	0.00		- d C	•	0.00
oss Receipts First Group	\$	0.00	Gross Receipts Seco	na Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00
FORTY-THIRI	\$ SUBSCRIBER GRO	OUP	FORT	Y-FOURTH	\$ SUBSCRIBER GROU	JP
FORTY-THIRI				Y-FOURTH		
FORTY-THIRI		OUP	FORT	Y-FOURTH		JP
FORTY-THIRI) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI DMMUNITY/ AREA CALL SIGN DSE) SUBSCRIBER GRO	0 0	FORT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0
FORTY-THIRI OMMUNITY/ AREA CALL SIGN DSE Dotal DSEs) SUBSCRIBER GRO	DSE	FORT COMMUNITY/ AREA	Y-FOURTH DSE	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	CALL SIGN	DUP DSE DOME DO	FORT COMMUNITY/ AREA CALL SIGN Total DSEs	Y-FOURTH DSE	CALL SIGN	DSE DSE O.00

NI	YSTEM ID# 062696	S		Inc	Services,			EGAL NAME OF OWNE Consolidated Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-SIXTH			SUBSCRIBER GROL	TY-FIFTH :	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and							_	
Syndicate								
Exclusivit						-		
Surcharge		 				-		
for Partially						-		
Distant								
Stations		-					-	
						-		
						-		
	0.00			Total DSEs	0.00			otal DSEs
				Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G
	0.00	\$	Group	101033 1/6/61013 36/011			•	
	0.00	\$	Group	Gross Receipts Secon				
	0.00	\$		Base Rate Fee Second	0.00	\$	oup	sase Rate Fee First Gr
	0.00		Group	Base Rate Fee Second		\$ SUBSCRIBER GROU		
	0.00	\$	Group	Base Rate Fee Second				FORTY-S
	0.00	\$	Group	Base Rate Fee Secon	JP			FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH:	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH:	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH:	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH:	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH:	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH:	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH:	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH:	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH:	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH:	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH:	COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	FORTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	Group	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	FORTY-S COMMUNITY/ AREA
	DSE	\$ SUBSCRIBER GROU	EIGHTH DSE	FORT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.000	SUBSCRIBER GROU	DSE	FORTY-S COMMUNITY/ AREA CALL SIGN Total DSEs
	O.00 JP Ose O.00 O.00	\$ SUBSCRIBER GROU	EIGHTH DSE	FORT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	FORTY-SCOMMUNITY/ AREA

Name	YSTEM ID# 062696	S'		Inc	Services,			LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	FIFTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	Y-NINTH	FORT COMMUNITY/ AREA
Computati					U			COMMUNITY AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		•					-	
		•••						
	0.00	! !	<u> </u>	Total DSEs	0.00	!		otal DSEs
	0.00	•	d Croup		0.00	<u> </u>	rou in	
	0.00	\$	a Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
	•	\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU		
	•							FIF
	JP			FIFTY	JP			FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	-SECOND	FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	CALL SIGN
	JP 0 DSE	SUBSCRIBER GROU	DSE	CALL SIGN	JP 0	SUBSCRIBER GROU	DSE DSE	FIF
	DSE O.000	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs	JP O DSE O O O O O O O O O O O O O O O O O O	CALL SIGN	DSE DSE	CALL SIGN CALL SIGN Fotal DSEs

Name	YSTEM ID# 062696	S'		Inc	Services,			LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	Y-THIRD	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
						-		
						-		
Stations						-		
						•		
	0.00			Total DSEs	0.00			Total DSEs
		¢	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	a Oloup					
	0.00	3	а отоар					
	0.00	\$		Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
	0.00		d Group	Base Rate Fee Secon	JP	\$ SUBSCRIBER GROU		FIF
	0.00	\$	d Group	Base Rate Fee Secon	-			FIF
	0.00	\$	d Group	Base Rate Fee Secon	JP			FIF
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	0.00 JP Ose	\$ SUBSCRIBER GROU	d Group FTY-SIXTH	Base Rate Fee Secon FI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	O.00 JP OSE O.00	\$ SUBSCRIBER GROU	d Group TY-SIXTH DSE	FI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Fotal DSEs
	0.00 JP Ose	\$ SUBSCRIBER GROU	d Group TY-SIXTH DSE	Base Rate Fee Secon FI COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	FIF COMMUNITY/ AREA CALL SIGN

Consolidated Commu	nications Enterpri	se Services	, Inc			062696	Name
BLOCK	A: COMPUTATION	OF BASE RA					0 9
	NTH SUBSCRIBER G		TI .		SUBSCRIBER GRO		a
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	_
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations
						DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant	
							Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant
							Syndicate Exclusivi Surcharg for Partially
							Exclusivi Surcharg for Partially Distant
							Surcharg for Partially Distant
							Surcharg for Partially Distant
							for Partially Distant
							Partially Distant
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-NII	NTH SUBSCRIBER G	ROUP		SIXTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		0.00	Total DSEs			0.00	
Total DSEs	-	•	Gross Receipts Fou	urth Group	\$	0.00	
	\$	0.00	1101033 1/606003 1 10				
Fotal DSEs Gross Receipts Third Group	\$	0.00	Gloss Receipts For	iitii Gioup	<u>*</u>		

Name	YSTEM ID# 062696			Inc	Services,			LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GROU	TY-FIRST	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation Computation Computation Of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
		-						
Distant								
Stations		 						
	0.00			Total DSEs	0.00			otal DSEs
		•		Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	a Group	Croco recorpto Cocom				
	0.00	\$	a Group	Cross resolpts seeding				
	0.00	\$		Base Rate Fee Secon	0.00	\$	-oup	Base Rate Fee First G
	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU		
	0.00	\$	d Group	Base Rate Fee Secon				SIX
	0.00	\$	d Group	Base Rate Fee Secon	JP			SIX
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX*
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX*
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX*
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX*
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX*
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX*
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX*
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX*
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX*
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX*
	0.00	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	TY-THIRD	SIX*
	0.00 DSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXTY COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.000	CALL SIGN	DSE	SIX** COMMUNITY/ AREA CALL SIGN Fotal DSEs
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXTY COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SIX** COMMUNITY/ AREA CALL SIGN

EGAL NAME OF OWNER OF CA Consolidated Communic		Services,	, Inc		S	YSTEM ID# 062696
			ATE FEES FOR EACH			2
COMMUNITY/ AREA	1 SUBSCRIBER GRO	0	COMMUNITY/ AREA	XIY-SIXIF	I SUBSCRIBER GROU	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		0.00	T			0.00
otal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Secor	id Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00
			Į.			
SIXTY-SEVENTI	H SUBSCRIBER GRO)UP	SIX	ΓΥ-EIGHTԻ	I SUBSCRIBER GROU	JP
	H SUBSCRIBER GRO	0 0	SIX* COMMUNITY/ AREA	ΓΥ-EIGHTH	I SUBSCRIBER GROU	JP 0
MMUNITY/ AREA	SUBSCRIBER GRO		li	TY-EIGHTH	SUBSCRIBER GROU	
MMUNITY/ AREA		0	COMMUNITY/ AREA			0
MMUNITY/ AREA		0	COMMUNITY/ AREA			0
MMUNITY/ AREA		0	COMMUNITY/ AREA			0
MMUNITY/ AREA		0	COMMUNITY/ AREA			0
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE		0	COMMUNITY/ AREA			0
COMMUNITY/ AREA		DSE	CALL SIGN	DSE		DSE
OMMUNITY/ AREA CALL SIGN DSE Otal DSEs	CALL SIGN	0 DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.00

EGAL NAME OF OWNER OF CA Consolidated Communic	ations Enterprise	Services	, Inc			YSTEM ID# 062696
	COMPUTATION O		ATE FEES FOR EACH		RIBER GROUP	ID
COMMUNITY/ AREA	1 SUBSCRIBER GRO	0	COMMUNITY/ AREA		1 SUBSCRIBER GROU	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	<u> </u>					
	<u> </u>					
al DSEs	1	0.00	Total DSEs		1	0.00
	•	0.00		- d C	•	0.00
oss Receipts First Group	\$	0.00	Gross Receipts Secon	na Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00
SEVENTY-FIRS	\$ T SUBSCRIBER GRO	OUP	SEVENT	Y-SECOND	\$ D SUBSCRIBER GROU	UP
SEVENTY-FIRS				Y-SECOND		
SEVENTY-FIRS		OUP	SEVENT	Y-SECOND		UP
SEVENTY-FIRS	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS DMMUNITY/ AREA CALL SIGN DSE	T SUBSCRIBER GRO	0 0	SEVENT COMMUNITY/ AREA	Y-SECOND) SUBSCRIBER GROU	UP 0
SEVENTY-FIRS OMMUNITY/ AREA CALL SIGN DSE Dotal DSEs	T SUBSCRIBER GRO	DUP O DSE	SEVENT COMMUNITY/ AREA CALL SIGN	Y-SECOND DSE) SUBSCRIBER GROU	DSE
OMMUNITY/ AREA	T SUBSCRIBER GRO	DUP 0 DSE 0	SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs	Y-SECOND DSE	CALL SIGN	DSE

Name	YSTEM ID# 062696			Inc	Services,			LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	Y-THIRD	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Stations		·					-	
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon				SEVEN
	0.00	\$	d Group	Base Rate Fee Secon	JP			SEVEN
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH :	SEVEN COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	SEVER COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.000	SUBSCRIBER GROU	DSE	SEVEN COMMUNITY/ AREA CALL SIGN Fotal DSEs
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	SEVEN COMMUNITY/ AREA CALL SIGN

Name	YSTEM ID# 062696	S		С	Services,			LEGAL NAME OF OWNE Consolidated Com
						OMPUTATION OF		
9		SUBSCRIBER GROU	IGHTH			SUBSCRIBER GROU	EVENTH	
_	0			OMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation SE of Base Rate From and Syndicated Exclusivity Surcharge for Partially Distant Stations	DSE	CALL SIGN	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
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							-	
		 					-	
Stations		-						
							-	
	0.00			otal DSEs	0.00			Γotal DSEs
				mana Danaimta Canan	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	oup	ross Receipts Second			-	
	0.00	\$	oup	ross Receipts Second				
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	0.00		oup	ase Rate Fee Second		\$ SUBSCRIBER GROU	- 1	
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	0.00	\$	oup	ase Rate Fee Second	JP		- 1	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee Second E OMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	SEVENT
	O.00 JP OSE O.00	\$ SUBSCRIBER GROU	ITIETH SE	EOMMUNITY/ AREA CALL SIGN	DSE O.00	CALL SIGN	DSE DSE	SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 JP Ose	\$ SUBSCRIBER GROU	ITIETH SE	ase Rate Fee Second E OMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE DSE	SEVENT COMMUNITY/ AREA CALL SIGN

Consolidated Communic	BLE SYSTEM: ations Enterprise	Services	, Inc			YSTEM ID# 062696
			ATE FEES FOR EACH			ID
COMMUNITY/ AREA	T SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GROU	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
1.1505		0.00	T / I DOE			0.00
otal DSEs		0.00	Total DSEs			0.00
oss 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
·	SUBSCRIBER GRO		EIGHT	Y-FOURTH	SUBSCRIBER GROU	
EIGHTY-THIR				Y-FOURTH		
EIGHTY-THIR MMUNITY/ AREA		OUP	EIGHT	Y-FOURTH		UP
EIGHTY-THIR MMUNITY/ AREA) SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROI	UP 0
EIGHTY-THIR MMUNITY/ AREA) SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROI	UP 0
EIGHTY-THIR MMUNITY/ AREA) SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROI	UP 0
EIGHTY-THIR DMMUNITY/ AREA) SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROI	UP 0
EIGHTY-THIR DMMUNITY/ AREA) SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROI	UP 0
EIGHTY-THIR OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROI	UP 0
EIGHTY-THIR OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	UP 0
EIGHTY-THIR OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	UP 0
EIGHTY-THIR OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	UP 0
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EIGHTY-THIR COMMUNITY/ AREA CALL SIGN DSE) SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	UP 0
COMMUNITY/ AREA) SUBSCRIBER GRO	DUP O DSE	EIGHT COMMUNITY/ AREA CALL SIGN	Y-FOURTH DSE	I SUBSCRIBER GROU	DSE
EIGHTY-THIR COMMUNITY/ AREA CALL SIGN DSE Cotal DSEs	CALL SIGN	DUP DSE DOME O.000	EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs	Y-FOURTH DSE	CALL SIGN	DSE

NI	YSTEM ID# 062696	S'		Inc	Services,			LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				
9		SUBSCRIBER GROL	ITY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation Computation of Base Rate From and Syndicated Exclusivity Surcharge for Partially Distant Stations	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-					-	
						-	-	
						-		
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	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	a Group					
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	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU		
	0.00	\$	d Group	Base Rate Fee Secon				EIGHTY-S
	0.00	\$	d Group	Base Rate Fee Secon	JP			EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	DSE	\$ SUBSCRIBER GROU	d Group Y-EIGHTH DSE	Base Rate Fee Secon EIGHT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	EIGHTY-S COMMUNITY/ AREA CALL SIGN Fotal DSEs
	0.00 JP Ose O.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH DSE	EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.000	SUBSCRIBER GROU	DSE	EIGHTY-S COMMUNITY/ AREA CALL SIGN

Nonpermitted 3.75 Stations

Name	YSTEM ID# 062696	S		Inc	Services,			LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	NINTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-NINTH	EIGHT COMMUNITY/ AREA
Computati								COMMUNITY AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
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-	0.00	Į.					<u> </u>	
	0.00			Total DSEs	0.00			Total DSEs
				Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G
	0.00	\$	a Group	'				
	0.00	\$		Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gi
	0.00	\$	d Group	Base Rate Fee Secon				
	0.00		d Group	Base Rate Fee Secon	JP	\$ SUBSCRIBER GROU		NINE
	0.00	\$	d Group	Base Rate Fee Secon				NINE
	0.00	\$	d Group	Base Rate Fee Secon	JP			NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0.00	\$ SUBSCRIBER GROU	-SECOND DSE	Base Rate Fee Secon NINETY COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	NINE COMMUNITY/ AREA CALL SIGN
	0.00 DSE	\$ SUBSCRIBER GROU	-SECOND DSE	Base Rate Fee Secon NINETY COMMUNITY/ AREA CALL SIGN Total DSEs	JP O DSE O O O O O O	SUBSCRIBER GROU	DSE	NINE COMMUNITY/ AREA CALL SIGN

Name	YSTEM ID# 062696	S'		Inc	Services,			LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	'-FOURTH			SUBSCRIBER GROU	Y-THIRD	
	U			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Stations								
	0.00			Total DSEs	0.00			otal DSEs
		\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	Ψ	- O. O. P		,			
	0.00	*	. О. очр					
	0.00	\$		Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
	0.00		d Group			\$ SUBSCRIBER GROU		
	0.00	\$	d Group					NINE
	0.00	\$	d Group	NINI	JP			NINE
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE
	0.00 JP	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.000	CALL SIGN	DSE DSE	NINE COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group	NINI COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE DSE	NINE COMMUNITY/ AREA CALL SIGN

Name 9	YSTEM ID# 062696	S		Inc	Services,			LEGAL NAME OF OWNE Consolidated Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate Exclusivit								
Surcharg								
for Partially		-						
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Partially Distant Stations		-						
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Name	YSTEM ID# 062696	S		Inc	Services,			LEGAL NAME OF OWNE Consolidated Com
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۵		SUBSCRIBER GROU	SECOND			SUBSCRIBER GROU	ED FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S	062696	Name
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	D FIFTH	SUBSCRIBER GROU			RED SIXTH	I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs	•	-	0.00	Total DSEs		•	0.00	
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Gross Receipts First G	oup	\$	0.00	Gross Receipts Secon	a Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED S	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRE	D EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	
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LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S	YSTEM ID# 062696	Name
				TE FEES FOR EACH				
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Gross Receipts First G	oup	\$	0.00	Gross Receipts Secon	a Group	\$	0.00	
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orosa Neceipis IIIIId C	ιουμ	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Rate Fee: Add th	e base ra			e as shown in the boxes a		\$	0.00	

LEGAL NAME OF OWNER Consolidated Com			Services,	, Inc		S	YSTEM ID# 062696	Name
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ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROL		Ħ	RTEENTH	I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED SI	IXTEENTH	I SUBSCRIBER GROU	JP	
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 Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		e fees for each subsc	riber group	as shown in the boxes a	above.	\$,	

Name 9	YSTEM ID# 062696	S'		Inc	Services,			LEGAL NAME OF OWNE Consolidated Com
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Computation	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 0.00 JP DSE	\$ SUBSCRIBER GROU	d Group /ENTIETH DSE	Base Rate Fee Secon ONE HUNDRED TO COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED NIN

LEGAL NAME OF OWNER Consolidated Com			Services,	Inc		S	062696	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-SECONE	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Name 9	YSTEM ID# 062696			Inc	Services,			LEGAL NAME OF OWNE Consolidated Com
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Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	YSTEM ID# 062696	S		Inc	Services,			LEGAL NAME OF OWNE Consolidated Com
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA			
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Nonpermitted 3.75 Stations

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Name	YSTEM ID# 062696	S'		Inc	Services,			LEGAL NAME OF OWNE Consolidated Com
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Name	YSTEM ID# 062696			inc	Services,	tions Enterprise S		LEGAL NAME OF OWNE Consolidated Com
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LEGAL NAME OF OWNE Consolidated Com			Services,	Inc		S	YSTEM ID# 062696	Name
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Name	YSTEM ID# 062696			Inc	Services,			LEGAL NAME OF OWNE Consolidated Con
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