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

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@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	20191				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busin If there were different owners during the accounting period, only the own a single statement of account and royalty fee payment covering the entire acc Check here if this is the system's first filing. If not, enter the system's II	ess of the cable syste er on the last day of th counting perioa	m ne accounting period should s		62991
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Consolidated Communications Enterprise Services	s, Inc			
				6299 62991	120191 20191
	121 S. 17th Street Mattoon, IL 61938-3987				
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of				
System	1 IDENTIFICATION OF CABLE SYSTEM: Consolidated Communications Enterprise Services	s, Inc			
	AAILING ADDRESS OF CABLE SYSTEM: 350 S Loop 336 West (Number, street, rural route, apartment, or suite number) Conroe, TX 77304 (City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identif	y only the frst comm	unity served below and rel	ist on page	1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	CONROE	тх			
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in Sp	ace G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	-	GRP#
Sample	Alda	MD	A		1
	Alliance Gering	MD MD	B		2 3
		WD	В		J
form in order to pro numbers. By provid search reports prep	Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect ess your statement of account. PII is any personal information that can be used to identif ng PII, you are agreeing to the routine use of it to establish and maintain a public record, ared for the public. The effect of not providing the PII requested is that it may delay proce statements of account, and it may affect the legal sufficiency of the fling, a determination	y or trace an individual, s which includes appearing ssing of your statement o	uch as name, address and teleph g in the Offce's public indexes and f account and its placement in the	one I in	

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

3/3/2020

FORM SA3E. PAGE 1b.				1				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Consolidated Communications Enterprise Services, Inc			62991					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon below the identified city or town.	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses							
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. İ levant community	f you report any st / with a subscriber	ations group,					
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber gro							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
CONROE	ТХ	AA	1	First				
MONTGOMERY	ТХ	AA	1	Community				
DOBBIN	ТХ	AA	1					
PLANTERSVILLE	ТХ	AA	1					
SPRING	ТХ	AA	1					
EGYPT	тх	AA	1	See instructions for				
BEASLEY	ТХ	AA	1	additional information				
BROOKSHIRE	ТХ	AA	1	on alphabetization.				
DAMON	ТХ		1					
CYPRESS	ТХ		1					
GUY	TX							
				Add rows as necessary				
NEEDVILLE	TX	AA	1					
RICHMOND	ТХ	AA	1					
ROSENBURG	ТХ	AA	1					
WALLER	ТХ	AA	1					
KATY	ТХ	AA	1					

	[

	1									PAGE
Name	LEGAL NAME OF OWNER OF CABL							S		MID
Hame	Consolidated Communi	cations En	terpri	se Services,	Inc				6	299 ⁻
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the misseparately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca	pace E should on of television ray cable) in sp (June 30 or D blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$; ounts allowed in space E, th e to their subsc e: Where an in should be cou	cover and ra and ra pace F, ecemb ce E ca service gs in that indicate 20/mth" for adv e form ribers. dividuanted as	all categories of dio broadcasts not here. All the er 31, as the ca all for the numbe all for the numbe at category (the ed—not the num gory of service.). Summarize a ance payment. lists the catego Give the numbe of or organizatio a subscriber in	f seconda by your s e facts yo ise may b er of subs u can cor number of se number of se include b iny standa ries of se er of subs n is receiv each app	ystem to subscril u state must be t e). cribers to the cal mpute the number of persons or org ets receiving serv oth the amount or ard rate variation condary transmis cribers and rate ving service that olicable category	bers. Give hose exist ole system r of subsci anizations ice). f the charg s within a p sion servic for each lis falls under Example:	information ing on the ribers in charged ge and the particular rate ce that cable sted category different a residential		
	first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a	once again und has rate catego iers of services	er "Ser ories fo s that in	vice to addition r secondary tra iclude one or m	al set(s)." nsmissior ore secor	n service that are ndary transmissic	different f	rom those em, together		
	sufficient.				1		51.0.0			
	BLC	DCK 1 NO. OF		1			BLOC	K 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	R	ATE
	Residential:				-	ID Set Top Box F		13699		6.9
	Service to first set	1	2,019	\$ 31.45	F	ID Set Top Box E	Bus	197	\$	6.9
	 Service to additional set(s) FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		407	\$ 31.45						
	Converter									
	Residential	1	3,699	\$ 5.99						
	Non-residential		351	\$ 5.99						
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscril hose services re two exceptio or facilities furr it in which it is rate column. re charged by t sour cable sy separate charge	ber) info that are ns: you nished t usually he cab stem fu je was de the r	ormation with re- e not offered in a do not need to to nonsubscribe / billed. If any ra le system for ea rnished or offer made or establ	espect to a combinati give rate ers. Rate i ates are c ach of the ed during	ion with any secce information con- information shoul harged on a varia applicable servic the accounting p	ndary tran cerning (1) d include b able per-pr ces listed. ceriod that	smission o services ooth the rogram basis, were not		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	R	ATE
	Continuing Services:			ation: Non-res	idential					
	 Pay cable Pay cable—add'l channel 	\$ 31.45 \$ 12.00		otel, hotel ommercial						
	• Fire protection	φ 12.00	_	y cable						
	•Burglar protection			y cable-add'l cl	nannel					
	Installation: Residential		• Fir	e protection						
	• First set	\$ 50.00		rglar protection						
	Additional set(s) EM radio (if sonarate rate)			services: econnect						
	 FM radio (if separate rate) Converter 	\$ 5.99		sconnect						
				Itlet relocation						
				ove to new addr	ess					

	OWNER OF CABLE S				SYSTEM ID#	Namo
Consolidate	d Communica	tions Enter	prise Servic	es, Inc	62991	I
	IITTERS: TELEVISIO					
In General: In spa carried by your cat FCC rules and reg 76.59(d)(2) and (4) substitute program Substitute Bas basis under specifie Do not list the sta station was carried List the station he basis. For further in the paper SA Column 1: List each multicast stree cast stream as "WI WETA-simulcast). Column 2: Given to on which your cabl Column 3: Indie educational station (for independent m For the meaning of Column 5: If you cable system carried carried the distant For the retransm of a written agreen the cable system a tion "E" (exempt). F	the G, identify ever oble system during t ulations in effect or basis, as explaine isis Stations: With c FCC rules, regula ation here in space ried only on a subs ere, and also in space rinformation cond 3 form. each station's call earn associated witt ETA-2". Simulcast e the channel numl cense. For example le system carried th cate in each case of h, by entering the le bulticast), "E" (for n f these terms, see e station is outside service area, see p ou have entered "Y ed the distant statistic station on a part-tin nission of a distant nent entered into o and a primary trans For simulcasts, als se three categories	y television st he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta serning substif sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha be station. whether the st teter "N" (for monocommercia page (v) of the the local serv age (v) of the ess" in column on during the a multicast stream or before Ju mitter or an ac po enter "E". If , see page (v)	g period, except 81, permitting th referring to 76.6 paragraph. v distant stations orizations: t it in space I (th ation was carried ute basis station report origination cording to its ow be reported in or has assigned to 1 annel 4 in Wash ation is a netwo etwork), "N-M" (I educational), o e general instruct 4, you must cor accounting period asam that is not s ine 30, 2009, be ssociation repre you carried the of the general in	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your of the Special Stateme d both on a substit ns, see page (v) of n program service er-the-air designa column 1 (list each the television stati ington, D.C. This ork station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, stations located in the mplete column 5, stations of subject to a royalty stween a cable sys- senting the prima channel on any of instructions located	stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form.	G Primary Transmitters: Television
CC. For Mexican	or Canadian static	ns, if any, giv	e the name of th	ne community with	v to which the station is licensed by the which the station is identifed.	
Note: If you are ut	ilizing multiple cha	• •	•		channel line-up.	_
			EL LINE-UP			-
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
31011	NUMBER	STATION	· · · ·	(If Distant)		
KPRC	2.1	N	NO		HOUSTON, TX	
KIAH	39	I	NO		HOUSTON, TX	
КТХН	20	·	NO	-	HOUSTON, TX	See instructions for additional information
KZJL	61	•	NO			on alphabetization.
		1			HOUSTON, TX	
KUBE	57	 	NO		BAYTOWN, TX	
KYAZ	51	I 	NO		KATY, TX	
KUHT	8	E	NO		HOUSTON, TX	
KRIV	26	I	NO	-	HOUSTON, TX	
KETH	14	l	NO	-	HOUSTON, TX	
кнои	11	N	NO		HOUSTON, TX	
КРХВ	49	I	NO		CONROE, TX	
KTRK	13	N	NO		HOUSTON, TX	
KXLN	45	N	NO		ROSENBERG, TX	
KTMD	48	N	NO		HOUSTON, TX	
	~7		NO		UQUETON TY	

HOUSTON, TX

.....

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NO

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KFTH

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	62991	Name		
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN						
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 are applicable on the rest paragraph.								
Do not list the station	 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 spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located			
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	e channel num	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in may be different from the channel			
on which your cable sy Column 3: Indicate	/stem carried th in each case v	ne station. vhether the st	ation is a netwo	ork station, an inde	pendent station, or a noncommercial			
(for independent multion For the meaning of the	cast), "E" (for ne ese terms, see	oncommercial page (v) of the	l educational), o e general instruc	or "E-M" (for nonco ctions located in th				
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your			
carried the distant stat	ion on a part-tir	ne basis beca	ause of lack of a	activated channel of	ering "LAC" if your cable system capacity. y payment because it is the subject			
of a written agreement the cable system and a	entered into or a primary trans	n or before Ju mitter or an as	ine 30, 2009, be ssociation repre	etween a cable system esenting the primar	stem or an association representing ry transmitter, enter the designa-			
explanation of these th	ree categories	, see page (v)	of the general i	instructions locate	her basis, enter "O." For a further d in the paper SA3 form. [,] to which the station is licensed by the			
FCC. For Mexican or 0 Note: If you are utilizin				•	which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AB				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)		-		

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome					
Consolidated Communications Enterprise Services, Inc	62991	Name					
PRIMARY TRANSMITTERS: TELEVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
 basis under specifc 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 basis. For further information concerning substitute basis stations, see page (v) of the general instructions lo in the paper SA3 form. 	cated						
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example							
WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-th its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the c	e-air in						
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 nonce	ommercial						
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), " (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multi For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.	cast).						
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 sy carried the distant station on a part-time basis because of lack of activated channel capacity.	stem						
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the of a written agreement entered into on or before June 30, 2009, between a cable system or an association represented expression and a primary transmitter or an association representing the primary transmitter, enter the destination of the primary transmitter.	esenting igna-						
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a 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 lice							
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identif Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.							
CHANNEL LINE-UP AC							
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATIC SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATIC	N						
NUMBER STATION (If Distant)							

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
Consolidated Communications Enterprise Services, Inc 62991								
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN 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.								
basis under specifc FC		•		s carried by your c	able system on a substitute program	Television		
Do not list the station	here in space	G-but do list		e Special Stateme	ent 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.								
		sign. Do not r	eport origination	n program service	s such as HBO, ESPN, etc. Identify			
	each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example							
WETA-simulcast).	-2 . Simulcast	streams must	be reported in t	column 1 (list each	r stream separately, for example			
			-		on for broadcasting over-the-air in			
on which your cable sy	•		annei 4 in Wash	lington, D.C. This	may be different from the channel			
					pendent station, or a noncommercial			
					ast), "I" (for independent), "I-M" ommercial educational multicast).			
For the meaning of the								
planation of local servi					es". If not, enter "No". For an ex- e paper SA3 form.			
Column 5: If you ha	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	stating the basis on which your			
cable system carried th		-	÷ ·	•	ering "LAC" if your cable system			
For the retransmiss	ion of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject			
-				•	stem or an association representing ry transmitter, enter the designa-			
			•	U .	her basis, enter "O." For a further			
					d in the paper SA3 form. v to which the station is licensed by the			
				•	which the station is identifed.			
Note: If you are utilizin	ig multiple chai	nel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AD				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)		-		
						n		
						n.		

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Consolidated Communications Enterprise Services, Inc 62991						
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN .				
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.						
basis under specifc FC				s carried by your c	able system on a substitute program	Television
Do not list the station	here in space	G-but do list		e Special Stateme	ent 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.						
		sign. Do not r	eport origination	n program service	s such as HBO, ESPN, etc. Identify	
			0	•	tion. For example, report multi-	
WETA-simulcast).	-2 . Simulcasi	streams must	be reported in t	column i (list eaci	n stream separately; for example	
			-		on for broadcasting over-the-air in	
on which your cable sy	•		annei 4 in Wash	lington, D.C. This	may be different from the channel	
					ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	se terms, see	page (v) of the	e general instru	ctions located in th	he paper SA3 form.	
column 4: If the sta planation of local servi					es". If not, enter "No". For an ex-	
Column 5: If you ha	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	stating the basis on which your	
cable system carried th carried the distant stati		-	÷ ·	•	tering "LAC" if your cable system	
	•				payment because it is the subject	
-					stem or an association representing	
			•	U .	ry transmitter, enter the designa- her basis, enter "O." For a further	
					d in the paper SA3 form.	
					v to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin				•		
		CHANN	EL LINE-UP	AE		-
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION	· · ·	(If Distant)		
						u la
						n
						J
						1

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Consolidated C	Consolidated Communications Enterprise Services, Inc 62991						
PRIMARY TRANSMITTE	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.							
		•		s carried by your c	able 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 pager SA2 form 							
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							
			0	•	tion. For example, report multi- n stream separately; for example		
WETA-simulcast).			·	,			
			-		on for broadcasting over-the-air in may be different from the channel		
on which your cable sy	/stem carried th	ne station.		0			
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"		
(for independent multion	cast), "E" (for n	oncommercial	l educational), o	or "E-M" (for nonco	mmercial educational multicast).		
For the meaning of the Column 4: If the sta					ne paper SA3 form. es". If not, enter "No". For an ex-		
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the	paper SA3 form.		
-			•	•	stating the basis on which your ering "LAC" if your cable system		
carried the distant stat	•						
					r payment because it is the subject stem or an association representing		
			•	• •	ry 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		
Note: If you are utilizin				•	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AF		-	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	-	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION	, , ,	(If Distant)		_	
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						1	
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						u an	
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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#		
Consolidated 0	Consolidated Communications Enterprise Services, Inc 62991				Name		
PRIMARY TRANSMITT	ERS: TELEVISIO	DN					
carried by your cable s	system during t	he accounting	period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G	
substitute program ba	sis, as explaine	d in the next	paragraph.		and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television	
Do not list the station	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 spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located		
Column 1: List each multicast stream	ch station's call associated wit	h a station ac	cording to its ov	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi-) stream separately; for example		
WETA-simulcast). Column 2: Give the	e channel numl	per the FCC h	has assigned to	the television stati	on for broadcasting over-the-air in may be different from the channel		
on which your cable sy Column 3: Indicate	ystem carried th e in each case v	ne station. whether the st	tation is a netwo	ork station, an inde	ependent station, or a noncommercial ast), "I" (for independent), "I-M"		
(for independent multi For the meaning of the	cast), "E ["] (for ne ese terms, see	oncommercia page (v) of the	l educational), c e general instru	r "E-M" (for nonco ctions located in th	mmercial educational multicast).		
planation of local servi Column 5: If you h	ice area, see pa ave entered "Y	age (v) of the es" in column	general instruct 4, you must cor	ions located in the mplete column 5, s			
carried the distant stat For the retransmiss	ion on a part-tii sion of a distant	me basis beca multicast stre	ause of lack of a eam that is not s	ctivated channel o subject to a royalty	• • •		
the cable system and tion "E" (exempt). For	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	senting the prima channel on any ot	ry transmitter, enter the designa- her basis, enter "O." For a further		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
Note: If you are utilizir	ng multiple char	• •	use a separate		channel line-up.	-	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
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						n	
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						u .	
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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
Consolidated C	communicat	tions Enter	rprise Servic	es, Inc	62991	Name	
PRIMARY TRANSMITTERS: TELEVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a							
substitute program bas Substitute Basis S				s carried by your c	able system on a substitute program	Transmitters: Television	
basis under specifc FC	, 0	,		a Spacial Statem	ant and Dragram Lag) if the		
 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. 							
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-		
cast stream as "WETA					n stream separately; for example		
WETA-simulcast). Column 2: Give the	e channel numl	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in		
its community of licens	e. For example	e, WRC is Cha			may be different from the channel		
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an inde	pendent station, or a noncommercial		
					ast), "I" (for independent), "I-M" ommercial educational multicast).		
For the meaning of the	se terms, see	page (v) of the	e general instru	ctions located in th	he paper SA3 form.		
Column 4: If the sta planation of local servi				,	es". If not, enter "No". For an ex-		
Column 5: If you ha	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	stating the basis on which your		
cable system carried th carried the distant stati					ering "LAC" if your cable system		
For the retransmiss	ion of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject		
-				•	stem or an association representing ry 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		
FCC. For Mexican or C Note: If you are utilizin				•	which the station is identifed.		
		•	EL LINE-UP			-	
			_			-	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION	· ,	(If Distant)			
]	
						1	
						1	
						1	
						"	
						"	

FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
Consolidated C	Communicat	ions Enter	prise Servic	es, Inc	62991	Name	
PRIMARY TRANSMITTE	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.							
		•		carried by your c	able system on a substitute program	Television	
 basis under specifc FC Do not list the station 				e Special Stateme	ent and Program Log)—if the		
station was carried • List the station here, basis. For further in	only on a subs and also in spa formation conc	titute basis. ace I, if the sta	ation was carried	both on a substit	ute basis and also on some other f the general instructions located		
in the paper SA3 fo Column 1: List eac		sign. Do not r	eport originatior	n program service:	s such as HBO, ESPN, etc. Identify		
			0	•	tion. For example, report multi- n stream separately; for example		
WETA-simulcast).			·	,			
			-		on for broadcasting over-the-air in may be different from the channel		
on which your cable sy	/stem carried th	ne station.		0	pendent station, or a noncommercial		
					ast), "I" (for independent), "I-M"		
	cast), "E" (for n	oncommercial	l educational), o	r "E-M" (for nonco	mmercial educational multicast).		
Column 4: If the sta	ation is outside	the local serv	/ice area, (i.e. "c	listant"), enter "Ye	s". If not, enter "No". For an ex-		
planation of local servi Column 5: If you ha					paper SA3 form. stating the basis on which your		
cable system carried th	he distant statio	on during the a	accounting perio	od. Indicate by ent	ering "LAC" if your cable system		
carried the distant stat	•				capacity. payment because it is the subject		
-				•	stem or an association representing		
			•	• .	ry transmitter, enter the designa- her basis, enter "O." For a further		
					d in the paper SA3 form. v to which the station is licensed by the		
				•	which the station is identifed.		
Note: If you are utilizin	ig multiple char	nel line-ups,	use a separate	space G for each	channel line-up.	_	
		CHANN	EL LINE-UP	Al		_	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
						n	
						n	
						J	

FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
Consolidated C	Communicat	ions Enter	prise Servic	es, Inc	62991	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN 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							
substitute program bas	sis, as explaine	d in the next p	paragraph.		and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television	
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do list		e Special Stateme	ent and Program Log)—if the		
• List the station here,	and also in spa formation conc	ace I, if the sta			ute basis and also on some other f the general instructions located		
each multicast stream	associated with	h a station acc	cording to its ov	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example		
					on for broadcasting over-the-air in may be different from the channel		
on which your cable sy Column 3: Indicate	/stem carried th in each case v	ne station. whether the st	ation is a netwo	ork station, an inde	ependent station, or a noncommercial ast), "I" (for independent), "I-M"		
(for independent multic For the meaning of the	cast), "E" (for ne ese terms, see	oncommercial page (v) of the	l educational), o e general instruc	or "E-M" (for nonco ctions located in th	ommercial educational multicast).		
planation of local servi Column 5: If you ha	ce area, see pa ave entered "Ye	age (v) of the es" in column	general instruct 4, you must cor	ions located in the mplete column 5, s	e paper SA3 form. stating the basis on which your		
carried the distant stat For the retransmiss	ion on a part-tir ion of a distant	me basis beca multicast stre	ause of lack of a eam that is not s	activated channel of subject to a royalty	payment because it is the subject		
the cable system and a	a primary trans	mitter or an as	ssociation repre	senting the prima	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	d in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.		
Note: If you are utilizin		nnel line-ups,	use a separate	space G for each			
		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		
	NOWBER	STATION		(II Distant)			
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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
Consolidated C	Communicat	tions Enter	rprise Servic	es, Inc	62991	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN					
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.							
				s carried by your c	able system on a substitute program	Television	
basis under specifc FCDo not list the station				e Special Stateme	ent and Program Log)—if the		
basis. For further in	and also in spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located		
in the paper SA3 fo Column 1: List eac		sign. Do not r	eport originatior	n program service	s such as HBO, ESPN, etc. Identify		
			0	•	tion. For example, report multi- n stream separately; for example		
WETA-simulcast).				,			
			-		on for broadcasting over-the-air in may be different from the channel		
on which your cable sy	/stem carried th	ne station.		0			
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"		
(for independent multion	cast), "E" (for n	oncommercia	l educational), o	or "E-M" (for nonco	mmercial educational multicast).		
For the meaning of the Column 4: If the sta					ne paper SA3 form. es". If not, enter "No". For an ex-		
planation of local servi					paper SA3 form. stating the basis on which your		
-			•	•	ering "LAC" if your cable system		
carried the distant stat	•				capacity. payment because it is the subject		
					stem or an association representing		
			•	U .	ry transmitter, enter the designa- her basis, enter "O." For a further		
explanation of these th	ree categories	, see page (v)) of the general i	instructions locate	d in the paper SA3 form.		
				•	to which the station is licensed by the which the station is identifed.		
Note: If you are utilizin				•			
		CHANN	EL LINE-UP	AK		•	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	-	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)		-	
						1	
						1	
						1	
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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
Consolidated C	Communicat	tions Enter	rprise Servic	es, Inc	62991	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	DN				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76	system during t ions in effect or 5.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (r	period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary
substitute program bas Substitute Basis S				s carried by your c	able system on a substitute program	Transmitters: Television
basis under specifc FC	CC rules, regula	ations, or auth	orizations:			relevision
 Do not list the station station was carried 	•		t it in space I (th	e Special Stateme	ent and Program Log)—if the	
List the station here,	and also in spa formation cond	ice I, if the sta			ute basis and also on some other f the general instructions located	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
			•	•	n stream separately; for example	
WETA-simulcast). Column 2: Give the	e channel numl	per the FCC h	has assigned to	the television stati	on for broadcasting over-the-air in	
its community of licens	e. For example	e, WRC is Cha	-		may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an inde	pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
For the meaning of the	ese terms, see	page (v) of the	e general instru	ctions located in th		
Column 4: If the sta planation of local servi					es". If not, enter "No". For an ex-	
Column 5: If you h	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	stating the basis on which your	
cable system carried the carried the distant stat		-		•	ering "LAC" if your cable system	
For the retransmiss	ion of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject	
-					stem or an association representing ry transmitter, enter the designa-	
· · /					her basis, enter "O." For a further d in the paper SA3 form.	
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	
FCC. For Mexican or (Note: If you are utilizin				•	which the station is identifed.	
	.g	•	EL LINE-UP			-
	0 DIGAGT		_			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	(********	(If Distant)		
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						"
						1

FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
Consolidated C	Communicat	tions Enter	rprise Servic	es, Inc	62991	Name	
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 bas	sis, as explaine	d in the next	paragraph.		able system on a substitute program	Primary Transmitters: Television	
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the		
• List the station here,	and also in spa formation conc	ace I, if the sta			ute basis and also on some other f the general instructions located		
each multicast stream	associated with	h a station ac	cording to its ov	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example		
			-		on for broadcasting over-the-air in may be different from the channel		
on which your cable sy Column 3: Indicate	/stem carried th in each case v	ne station. whether the st	tation is a netwo	ork station, an inde	pendent station, or a noncommercial ast), "I" (for independent), "I-M"		
(for independent multion For the meaning of the	cast), "E" (for ne	oncommercia page (v) of the	l educational), o e general instruc	r "E-M" (for nonco ctions located in th	mmercial educational multicast).		
planation of local servi Column 5: If you h	ce area, see pa ave entered "Y	age (v) of the es" in column	general instruct 4, you must cor	ions located in the mplete column 5, s	paper SA3 form. stating the basis on which your		
carried the distant stat	ion on a part-tii	me basis beca	ause of lack of a	ctivated channel o	ering "LAC" if your cable system capacity. y payment because it is the subject		
of a written agreement the cable system and a	entered into o primary trans	n or before Ju mitter or an a	ine 30, 2009, be ssociation repre	etween a cable system senting the primar	stem or an association representing ry transmitter, enter the designa-		
explanation of these th	ree categories	, see page (v)) of the general i	instructions locate	her basis, enter "O." For a further d in the paper SA3 form. r to which the station is licensed by the		
	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.		
		CHANN	EL LINE-UP	AM			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)		-	
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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
Consolidated C	Communicat	ions Enter	prise Servic	es, Inc	62991	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN 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 bas	sis, as explaine	d in the next p	paragraph.		and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television	
basis under specifc FC • Do not list the station	C rules, regula here in space	ations, or auth G—but do list	orizations:		ent and Program Log)—if the		
,	and also in spa formation conc	ace I, if the sta			ute basis and also on some other f the general instructions located		
Column 1: List each multicast stream	h station's call associated with	h a station acc	cording to its ov	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example		
WETA-simulcast). Column 2: Give the	e channel num	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in		
on which your cable sy	/stem carried th	ne station.			may be different from the channel		
educational station, by (for independent multic	entering the le cast), "E" (for ne	etter "N" (for ne oncommercial	etwork), "N-M" (l educational), o	for network multic or "E-M" (for nonco	ast), "I" (for independent), "I-M" mmercial educational multicast).		
For the meaning of the Column 4: If the standard planation of local servi	ation is outside	the local serv	/ice area, (i.e. "c	distant"), enter "Ye	s". If not, enter "No". For an ex-		
Column 5: If you had cable system carried the	ave entered "Ye he distant statio	es" in column on during the a	4, you must cor accounting perio	mplete column 5, s od. Indicate by ent	stating the basis on which your ering "LAC" if your cable system		
	ion of a distant	multicast stre	eam that is not s	subject to a royalty	apacity. payment because it is the subject stem or an association representing		
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any ot	ry transmitter, enter the designa- her basis, enter "O." For a further		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
Note: If you are utilizin		nnel line-ups,	use a separate	space G for each		-	
			EL LINE-UP			-	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION	` ´	(If Distant)		_	

FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
Consolidated C	Communicat	tions Enter	rprise Servic	es, Inc	62991	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN NC					
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 bas	sis, as explaine	d in the next	paragraph.		and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television	
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do list		e Special Stateme	ent and Program Log)—if the		
• List the station here,	and also in spa formation conc	ace I, if the sta			ute basis and also on some other f the general instructions located		
each multicast stream	associated with	h a station acc	cording to its ov	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example		
			-		on for broadcasting over-the-air in may be different from the channel		
	in each case v	whether the st			pendent station, or a noncommercial ast), "I" (for independent), "I-M"		
For the meaning of the	ese terms, see	page (v) of the	e general instru	ctions located in th	ommercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex-		
	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	e paper SA3 form. stating the basis on which your ering "LAC" if your cable system		
carried the distant stat For the retransmiss	ion on a part-tii ion of a distant	me basis beca multicast stre	ause of lack of a eam that is not s	activated channel o subject to a royalty	capacity. payment because it is the subject		
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the prima	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further		
explanation of these the Column 6: Give the	ree categories e location of ea	, see page (v) ch station. Fo) of the general i or U.S. stations,	instructions locate list the community	d in the paper SA3 form. to which the station is licensed by the		
FCC. For Mexican or 0 Note: If you are utilizin				•	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AO			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	62991	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN					
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							
Substitute Basis S basis under specifc FC				s carried by your c	able system on a substitute program	Television	
Do not list the station	here in space	G-but do list		e Special Stateme	ent and Program Log)—if the		
	and also in spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located		
Column 1: List eac	h station's call	-			s such as HBO, ESPN, etc. Identify		
			0	•	tion. For example, report multi- n stream separately; for example		
WETA-simulcast). Column 2: Give the	e channel numl	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in		
its community of licens	e. For example	e, WRC is Cha	-		may be different from the channel		
on which your cable sy Column 3: Indicate			ation is a netwo	ork station, an inde	ependent station, or a noncommercial		
					ast), "I" (for independent), "I-M" ommercial educational multicast).		
For the meaning of the	ese terms, see	page (v) of the	e general instru	ctions located in th	ne paper SA3 form.		
Column 4: If the sta planation of local servi					es". If not, enter "No". For an ex- e paper SA3 form.		
Column 5: If you ha	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	stating the basis on which your		
carried the distant stat		-	÷ ·	•	tering "LAC" if your cable system capacity.		
					r payment because it is the subject stem or an association representing		
the cable system and a	a primary trans	mitter or an a	ssociation repre	senting the prima	ry 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.		
Note: If you are utilizin				•			
		CHANN	EL LINE-UP	AP		-	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	-	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)		-	
						n	
		I					

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FORM SA3E. PAGE 3.

Consolidated Communications Enterprise Services, Inc62991NamePRIMARY TRANSMITTERS: TELEVISIONIn 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), 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.GSubstitute 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 t in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis.Frimary transmitters: Television• Do not list the station here, and also in space 1, 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 asociated with a station according to its over-the-air designation. For example, report multi- cast stream as sociated with a station according to its over-the-air designation for broadcasting over-the-air in ts 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, we there the station is outside the station is outside the local service area, (i.e.
G G G G G G G G G G G G G G G G G G G F G F G F G F G F G F G G F G G G G G G G G G F G G F G G F G F G F G G F G G G G G G G G G G G G G G G G G G D G G G D G G D G G D G D G D G D G D G D G D D G D D G D G D D G D D G D D G D D D G D
Granied 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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 initicast). For the meaning of these terms, see page (v) of the general instructions loca
 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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report 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), "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.
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 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.
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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.
(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.
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" It not enter "No" For an ex-
planation of local service area, see page (v) of the general instructions located in the paper SA3 form.
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa- tion "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 identified.
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.
CHANNEL LINE-UP AQ
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION
SIGN CHANNEL OF (Yes or No) CARRIAGE
SIGN CHANNEL OF (TES OF NO) CARRIAGE
NUMBER STATION (If Distant)

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
Consolidated C	Communicat	tions Enter	rprise Servic	es, Inc	62991	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN					
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							
substitute program bas	sis, as explaine	d in the next	paragraph.		and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television	
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do list		e Special Stateme	ent and Program Log)—if the		
• List the station here,	and also in spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located		
each multicast stream	associated with	n a station aco	cording to its ov	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example		
					on for broadcasting over-the-air in may be different from the channel		
on which your cable sy Column 3: Indicate	/stem carried th in each case v	ne station. vhether the st	tation is a netwo	ork station, an inde	ependent station, or a noncommercial ast), "I" (for independent), "I-M"		
(for independent multion For the meaning of the	cast), "E" (for ne ese terms, see	oncommercial page (v) of the	l educational), c e general instru	or "E-M" (for nonco ctions located in th	ommercial educational multicast).		
planation of local servi Column 5: If you h	ce area, see pa ave entered "Ye	age (v) of the es" in column	general instruct 4, you must cor	ions located in the mplete column 5, s	e paper SA3 form. stating the basis on which your		
carried the distant stat For the retransmiss	ion on a part-tir ion of a distant	me basis beca multicast stre	ause of lack of a eam that is not s	activated channel of subject to a royalty	payment because it is the subject		
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the prima	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	d in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.		
Note: If you are utilizin				•		-	
	1	CHANN	EL LINE-UP	AR		-	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			
]	

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FORM SA3E. PAGE 3.

Consolidated Commu				SYSTEM ID#	Nama
consolidated commu	nications Ente	rprise Servic	es, Inc	62991	Name
PRIMARY TRANSMITTERS: TEL	VISION				
carried by your cable system du FCC rules and regulations in ef 76.59(d)(2) and (4), 76.61(e)(2) substitute program basis, as ex	ring the accountin ect on June 24, 19 and (4), or 76.63 plained in the next	g period, except 081, permitting th referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis Stations: basis under specifc FCC rules,		•	s carried by your c	able system on a substitute program	Television
• Do not list the station here in s			e Special Stateme	ent and Program Log)—if the	
basis. For further information	n space I, if the st			ute basis and also on some other f the general instructions located	
in the paper SA3 form. Column 1: List each station'	s call sign. Do not	report originatio	n program service:	s such as HBO, ESPN, etc. Identify	
each multicast stream associate		•	•		
WETA-simulcast).	cast streams mus	t be reported in (column 1 (list eacr	stream separately; for example	
		-		on for broadcasting over-the-air in	
on which your cable system car		iannel 4 in Wasr	lington, D.C. This	may be different from the channel	
				pendent station, or a noncommercial	
educational station, by entering (for independent multicast). "E"				ast), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of these terms	see page (v) of th	e general instru	ctions located in th	e paper SA3 form.	
planation of local service area,				s". If not, enter "No". For an ex- paper SA3 form.	
Column 5: If you have enter	ed "Yes" in columr	14, you must co	mplete column 5, s	stating the basis on which your	
cable system carried the distant	-	- ·	•	ering "LAC" if your cable system	
For the retransmission of a c	istant multicast str	eam that is not s	subject to a royalty	payment because it is the subject	
-			•	stem or an association representing y transmitter, enter the designa-	
		•	U .	her basis, enter "O." For a further	
explanation of these three cate					
FCC. For Mexican or Canadian			•	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing multiple	channel line-ups	use a separate	space G for each	channel line-up.	
	CHANN	IEL LINE-UP	AS		
1. CALL 2. B'CAS	T 3. TYPE	4. DISTANT?			
SIGN CHAN			5. BASIS OF	6. LOCATION OF STATION	
NUME	NEL OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)		6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	62991	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN .				
carried by your cable s FCC rules and regulation	system during t ions in effect or	ne accounting n June 24, 19	period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
substitute program bas	sis, as explaine	d in the next	paragraph.		and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
	here in space	G-but do list		e Special Stateme	ent and Program Log)—if the	
,	and also in spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located	
Column 1: List each multicast stream	h station's call associated wit	n a station aco	cording to its ov	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	
					on for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate	/stem carried th in each case v	ne station. vhether the st	ation is a netwo	ork station, an inde	ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
(for independent multic For the meaning of the	cast), "E" (for ne ese terms, see	oncommercial page (v) of the	l educational), c e general instru	or "E-M" (for nonco ctions located in th	ommercial educational multicast).	
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the		
carried the distant stat	ion on a part-tii	ne basis beca	ause of lack of a	activated channel of		
of a written agreement	entered into o	n or before Ju	ine 30, 2009, be	etween a cable sys	v payment because it is the subject stem or an association representing ry transmitter, enter the designa-	
tion "E" (exempt). For several explanation of these the	simulcasts, also ree categories	o enter "E". If , see page (v)	you carried the of the general i	channel on any ot instructions locate	her basis, enter "O." For a further d in the paper SA3 form.	
	Canadian statio	ns, if any, giv	e the name of th	ne community with	v to which the station is licensed by the 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	6. LOCATION OF STATION	
	NUNDER	STATION		(If Distant)		-

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	62991	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas	system during t ions in effect or 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except 81, permitting th eferring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC				s carried by your c	able system on a substitute program	Television
Do not list the station	here in space	G-but do list		e Special Stateme	ent and Program Log)—if the	
	and also in spa formation cond	ice I, if the sta			ute basis and also on some other f the general instructions located	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
cast stream as "WETA			0	•	n stream separately; for example	
WETA-simulcast). Column 2: Give the	e channel numl	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in	
its community of licens on which your cable sy	•		annel 4 in Wash	nington, D.C. This	may be different from the channel	
Column 3: Indicate	in each case v	vhether the st			pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M" pmmercial educational multicast).	
For the meaning of the Column 4: If the st					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the		
cable system carried th	he distant statio	on during the	accounting perio	od. Indicate by ent	tering "LAC" if your cable system	
carried the distant stat For the retransmiss	•				capacity. v payment because it is the subject	
-					stem or an association representing ry transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any ot	her basis, enter "O." For a further	
					d in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or 0 Note: If you are utilizin				•	which the station is identifed.	
			EL LINE-UP		Ghannei inie-up.	-
						-
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
CICIT	NUMBER	STATION	(103 01 10)	(If Distant)		
						n
						n
						4
						1
						1
]

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
Consolidated C	Communicat	tions Enter	prise Servic	es, Inc	62991	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN .				
carried by your cable s FCC rules and regulat	system during the system during the system during the system of the syst	he accounting n June 24, 19	period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
substitute program bas	sis, as explaine	d in the next	paragraph.		and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do list		e Special Stateme	ent and Program Log)—if the	
• List the station here,	and also in spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located	
Column 1: List each multicast stream	h station's call associated with	n a station aco	cording to its ov	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	
					on for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate	/stem carried th in each case v	ne station. vhether the st	ation is a netwo	ork station, an inde	ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
(for independent multion For the meaning of the	cast), "E" (for ne ese terms, see	oncommercial page (v) of the	l educational), o e general instruc	or "E-M" (for nonco ctions located in th	mmercial educational multicast).	
planation of local servi Column 5: If you h	ce area, see pa ave entered "Ye	age (v) of the es" in column	general instruct 4, you must cor	ions located in the mplete column 5, s	e paper SA3 form. stating the basis on which your	
carried the distant stat For the retransmiss	ion on a part-tir ion of a distant	me basis beca multicast stre	ause of lack of a eam that is not s	activated channel of subject to a royalty	payment because it is the subject	
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the prima	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further	
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin				•		
	-	CHANN	EL LINE-UP	AV		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
Consolidated C	Communicat	tions Enter	rprise Servic	es, Inc	62991	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN N				
carried by your cable s FCC rules and regulation	system during t ions in effect or	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie ne carriage of certa	and low power television stations) d only on a part-time basis under ain network programs [sections	G
substitute program bas	sis, as explaine	d in the next	paragraph.		and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do list		e Special Stateme	ent and Program Log)—if the	
List the station here,	and also in spa formation conc	ace I, if the sta			ute basis and also on some other f the general instructions located	
each multicast stream	associated with	h a station ac	cording to its ov	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	
			-		on for broadcasting over-the-air in may be different from the channel	
	in each case v	whether the st			pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
For the meaning of the	ese terms, see	page (v) of the	e general instru	ctions located in th	ommercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex-	
	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	
carried the distant stat For the retransmiss	ion on a part-tii ion of a distant	me basis beca multicast stre	ause of lack of a eam that is not s	activated channel o subject to a royalty	capacity. payment because it is the subject	
the cable system and a	a primary trans	mitter or an a	ssociation repre	senting the prima	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further	
explanation of these th Column 6: Give the	ree categories e location of ea	, see page (v) ch station. Fo) of the general i or U.S. stations,	instructions locate list the community	d in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or C Note: If you are utilizin				•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AW		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		

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FORM SA3E. PAGE 3.

			E OVOTE	4.				SYSTEM ID#			
Name	LEGAL NAME OF C				Ino						
	Consolidate		ication	is ⊑nterprise Services,				62991			
H Primary Transmitters: Radio	Consolidated Communications Enterprise Services, Inc 62991 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 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).										
			0/5				0/0				
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION			
							_				
							+				
							+				
							+				
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LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Consolidated Commu	nications	Enterprise S	Services, Inc				62991	Name
SUBSTITUTE CARRIAGE	: SPECIA		IT AND PROGRAM LOG					
In General: In space I, identi substitute basis during the ac explanation of the programm	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or autho	rizations.	For a further	Substitute
1. SPECIAL STATEMENT				5			-	Carriage:
• During the accounting per	iod, did you			s, any nonne				Special Statement and
broadcast by a distant stat				N/ "		-	XNo	Program Log
Note: If your answer is "No log in block 2.			ge blank. If your answer is	'Yes," you mi	ust complete tr	ne prograr	n	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every noi distant stati gulations, o tion. Do no .ucy" or "NE n was broad sign of the s adcast static adian static th and day <i>ve</i> "5/7." es when the Example: a er "R" if the and regulatic ogramming	m on a separa attach additiona nnetwork televi ion and that yo r authorizationa t use general of A Basketball: deast live, enter station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri- listed program ons in effect du	al pages. ision program (substitute p our cable system substitute s. See page (vi) of the gen categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra uring the accounting period	rogram) that, d for the prog eral instructio "basketball". lo." m. station is lice station is ider program. Use cable system. 5 p.m. to 6:2 mming that y ; enter the let	during the acc ramming of ar ons located in t List specific p nsed by the F(ontified). numerals, wit List the times 8:30 p.m. show our system wa ter "P" if the list	counting nother stat he paper program CC or, in h the mor accurated uld be us required sted pro	tion hth ly	
	UBSTITUT	E PROGRAM	l		EN SUBSTITU		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIN FROM —		FOR DELETION	
	103 01 10	O/ LEE OIGIN				10		
					_			
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FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 20191

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FORM SA3E. PAGE 6.

			SVSTEM					<u>,</u>	SYSTEM ID#	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Consolidated Communications Enterprise Services, Inc 62991									
J Part-Time Carriage Log	 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television'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 (
	CALL SIGN	WHEN	CARRIAGE OCCU			CALL SIGN	WHEN	I CARRIAGE OCCL		
		DATE	HOUR FROM	RS TO			DATE	HOUF FROM	RS TO	
		BATE	-	10			Brite	_	10	

FORM	SA3E. PAGE 7.		
	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Co	nsolidated Communications Enterprise Services, Inc	62991	
Inst all a (as pag	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amour mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	condary transmission service	K Gross Receipts
 Instru Con Con If you fee If you accord 	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 p ompanying this form and attach the schedule to your statement of account. rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b	parts of the DSE Schedule	L Copyright Royalty Fee
	k 3 below.		
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2 in block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or moleast the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	ee is 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 2,158,079.70	
	This is your minimum fee.	\$ 22,961.97	
Block 2	 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 colu "Yes" in this block. Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. In a space Schedule. In a sp	imn 4, you must check riod?	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	<u>\$ -</u>	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ -	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 22,961.97	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 23,686.97	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the	

ACCOUNTING PERI		FORM SA3E. PAGE 8							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 62991							
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
	1. Enter the total number of channels on which the cable system carried television broadcast stations	15							
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	216							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual we can contact about this statement of account.)								
Be Contacted for Further Information	Name Julie Poon Telephone 916-786-1034								
	Address 211 Lincoln Street (Number, street, rural route, apartment, or suite number)								
	Roseville, CA 95678 (City, town, state, zip)								
	Email julie.poon@consolidated.com Fax (optional)								
ο	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regi	ulations.							
Certifcation	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space 	B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or								
	 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B. 	vner of the cable system							
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	ed herein							
	/s/Michael Shultz								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus								
	Typed or printed name: Michael Shultz								
	Title: VP Regulatory & Public Policy (Title of official position held in corporation or partnership)								
	Date: February 25, 2020								
Privacy Act Notice	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informat	ion (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 Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in th completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 62991	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or under	erpayment.	Q
For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment		Interest Assessment
x Line 3 Multiply line 2 by the number of days late and enter the sum here	days - 0274	
<pre>space L, (page 7) \$ (interest * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</pre>	charge) nce please	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Off please list below the owner, address, first community served, accounting period, and ID number as given in the filing.		
Owner Address		
First community served Accounting period ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying inform	nation (PII) requested or	n th

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee anc the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are 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 sysems fling SA3E (Long Form) must pay at least the minimum fee which is

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

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

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

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

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

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

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

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

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

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

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

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

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

If any of the stations were partially distant:

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

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

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

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

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

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

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

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

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

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

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

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

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

CITY

Santa Rosa

Bodega Bay

Rapid City

Fairvale

DSE

1.0

1.0

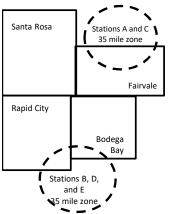
0.083

0.139

0.25

2.472

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



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

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B. D. and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D ,E

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

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600,000.00

FROM SUBSCRIBERS

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Consolidated Communications Enterprise Services, Inc 62991					
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.				0.00	
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5					
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-					
of DSEs for Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs					
Stations	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE					
Oldiono	ONLE OIOIT	DOL	O/ LE CICIV	DOL	ONLE OIGH	DOL
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						
				ll		

	•										DSE SCHEDU	
Name	LEGAL NAME OF			Enterprise	Service	s. Inc					S	¥STEM ID# 62991
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: Column 1: Li Column 2 figure should Column 2 be carried out Column 5 give the type- Column 6	CAPACITY st the call sig 2: For each s correspond ' 3: For each s 4: Divide the t at least to t 5: For each i value as ".22 5: Multiply th	gn of all distar station, give th with the inforr station, give th figure in colu he third decin ndependent s 5." e figure in col s the station's	nt stations id he number o mation given he total numl imn 2 by the nal point. Thi station, give t lumn 4 by the DSE. (For n	lentified b f hours yo in space ber of hou figure in is is the "l the "type- e figure ir nore infor	y "LAC" in co our cable syst J. Calculate rrs that the st column 3, and pasis of carria value" as "1.0 column 5, a mation on rou	em carried the only one DSE ation broadca d give the res age value" for ." For each r and give the re- unding, see p	e static E for ea ast over oult in de the sta network esult in o age (vii	n during th ch station. the air duri ecimals in c tition. or noncom column 6. F i) of the ger	ng the accou olumn 4. Thi mercial educ cound to no I neral instruct	unting period. s figure must ational station,	
	1. CALL SIGN		2. NUMBE OF HOU CARRIE SYSTEM	R JRS D BY	3. NU OF ST/	MBER HOURS ATION AIR	: COMPU 4. BASI CARI VALU	S OF RIAGE		5. TYPE VALUE	6. DS	SE
				÷ ÷ ÷ ÷					x x x x x x x			
	SUM OF DSEs Add the DSEs Enter the su	of each stati			•		= 	•	x	0.00	=	
4 Computation of DSEs for Substitute- Basis Stations	tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your sys ect on Octob one or more For each sta This figure s Enter the nu Divide the fig	Stem in substi er 19, 1976 (a live, nonnetwo ation give the should corres umber of days gure in colum	itution for a p as shown by ork programs number of liv spond with th is in the calen in 2 by the fig	ve, nonne during th ve, nonne ie informa dar year: gure in co	at your syste "P" in colum at optional ca twork progra tion in space 365, except i lumn 3, and g	ern was perm n 7 of space I rriage (as sho ms carried in I. n a leap year give the resul	itted to l); and wn by th substitu t in colu	delete [°] unde ne word "Yes ution for pro umn 4. Rou	er FCC rules " in column 2 ograms that v nd to no less	of	rm).
			SU	BSTITUTE	E-BASIS	STATIO	NS: COMP	UTAT	ION OF	DSEs		-
	1. CALL SIGN	2. NUMB OF PROGI		3. NUME OF DA IN YEA	YS	4. DSE	1. CAL SIGN		2. NUM OF PRO	BER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			+ + + + + + +							+ + + + + +		
	SUM OF DSEs Add the DSEs Enter the su	of each stati								0.00		
5	TOTAL NUMBI				e boxes ir	ı parts 2, 3, aı	nd 4 of this sc	hedule a	and add the	m to provide t	tota	
Total Number of DSEs	2. Number o	f DSEs from f DSEs from f DSEs from	part 3●					_			0.00 0.00 0.00	
	TOTAL NUMBE	R OF DSEs								>		0.00

DSE SCHEDULE. P	PAGE 13.							ACCOUNTIN	NG PERIOD: 20191					
LEGAL NAME OF C			orise Servic	es, Inc			S	YSTEM ID# 62991	Name					
Instructions: Blog	ck A must be com	pleted.												
In block A:	"Ves" leave the r	mainder of	part 6 and part	7 of the DSE sche	adula blank ar	nd complete p	art 8 (nage 16) of	the	6					
schedule.					equie platik al		arto, (page 10) or	ule	0					
 If your answer if 	"No," complete blo								Computation of					
le the cable system				ELEVISION M		action 76 5 of	ECC rules and rea	nulations in	3.75 Fee					
	s the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in ffect on June 24, 1981?													
X Yes—Com	X Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7													
No—Comp	olete blocks B and	C below.												
		BL O(Fe								
Column 1:	List the call signs			part 2, 3, and 4 o			tem was permitte	d to carry						
CALL SIGN	under FCC rules	and regulations are shown as the regulations are	ons prior to Ju dule. (Note: Tl	ne 25, 1981. For fi he letter M below r	urther explana	ation of permit	ted stations, see th	ne						
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	iles and regu	lations cited b	asis on which you o elow pertain to tho irket quota rules [7	ose in effect or	n June 24, 198		tc						
	 B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursua *F A station pre 	al education d station (76. or DSE scheo ant to individ viously carrie	al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su FCC rules (76.7) ne or substitute ba contour, [76.59(d)]	63(a) referring bstitution of g	g to 76.61(d) randfathered s ine 25, 1981	stations in the	(5)						
Column 3:		each distant e stations ide	station listed ir entified by the l	n parts 2, 3, and 4 etter "F" in columr			worksheet 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						
						-		0.00						
		В	LOCK C: CO	MPUTATION O	F 3.75 FEE									
Line 1: Enter the	e total number of													
Line 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove										
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.								
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represen					
Line 5: Multiply li	ine 4 by 0.0375	and enter s	um here						partially permited/ partially					
Line 6: Enter tota	al number of DS	Es from line	3				x		nonpermitted carriage? If yes, see part 9 instructions.					
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	2					

	WNER OF CABLE	orise Ser	vices. Inc			S	*STEM ID 62991	Name
			VISION MARKET	S (CONTIN			02331	
1. CALL SIGN	2. PERMITTED BASIS	1. CALL SIGN			1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
 		 						Computation o 3.75 Fee
	I							
 		 						1

	1							DS	SE SCHEDULE. PAGE 14.			
Name	LEGAL NAME OF OWN								SYSTEM ID#			
Humo	Consolidated C	communication	is Enterpris	se Services,	In	C			62991			
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 DSE for this station any 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 enterer 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 verifcation from the designated statement of account on fle in the Licensing Division. 											
	1. CALL	2. PRIOR			<u>-</u> D	ON A PART-TIME AN 4. BASIS OF	1	RESENT	6. PERMITTED			
	SIGN	2. PRIOR DSE		ERIOD		4. BASIS OF CARRIAGE		DSE	0. PERMITTED			
	SIGN	DSE	F	ERIOD		CARRIAGE	1	JSE	D3E			
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET											
Exclusivity												
Surcharge	 Is any portion of the of 	cable system within	a top 100 majo	or television mar	ket	as defned by section 7	76.5 of FCC	rules in effect Ju	ne 24, 1981?			
	Yes—Complete	blocks B and C				X No—Proceed to	part 8					
							Parto					
		arriage of VHF/Gra	ide B Contour	Stations	T	BLOC		itation of Exemp	t DSEs			
					┥┟		· ·					
	Is any station listed in commercial VHF stati	on that places a gr				Was any station listed nity served by the cat to former FCC rule 76	ole system p					
	or in part, over the ca						-					
		tation below with its		mitted DSE		Yes—List each s			e permitted DSE			
	X No—Enter zero a	and proceed to part 8				X No—Enter zero a	and proceed i	to part 8.				
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	DSE			
			FOTAL DSEs	0.00				TOTAL DSE	s 0.00			
				· · · · · · · · · · · · · · · · · · ·								

DSE SCHEDULE. I	PAGE15.
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LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 62991	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,158,079.70	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	_	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1) * <u></u>		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)	_	
	C. Multiply line B by 3.000 and enter here	_	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	_	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	_	
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule.		
	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)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 20191

	LEGAL NAM	DSE SCHEDULE ME OF OWNER OF CABLE SYSTEM:	E. PAGE 16. STEM ID#
Name		Consolidated Communications Enterprise Services, Inc	62991
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)	
		Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below c. 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	rour 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) S \$ 2,158,079.70	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	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)	<u> </u>

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Cons	olidated Communications Enterprise Services, Inc 62991	Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ► \$	0
	(the amount in section 1) ►	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1)► <u>\$</u>	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here ►	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1)► \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee.	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee 0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
-	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,	Partially Distant
if your o	cable system is wholly located outside all major television markets, complete block A only.	Stations, and
	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
•	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compu groups	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
In each	section:	
	fy the communities/areas represented by each subscriber group.	
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,	
	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,	
, .	6 of this schedule.	
• Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
• Comp	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM II
	Consolidated Communications Enterprise Services, Inc	6299
	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.	
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EGAL NAME OF OWNE			Services,	Inc		S	62991	Na
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	han ref	e fees for each subsc	riber group	as shown in the house	e abovo			

FORM SA3E.	PAGE	19
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FORM SA3E. P.	AGE 19.
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ase Rate Fee: Add th	e base ra	te fees for each subs	criber group	as shown in the boxe	s above.			
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE 0.00 Isos Receipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	onsolidated Communica	LE SYSTEM: Itions Enterprise S	ervices	, Inc			62991
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ase Rate Fee First Group	\$	0.00	Base Rate Fee See	cond Group	\$	0.00
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se Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
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ital DSEs		0.00	Total DSEs			0.00
oss Receipts Third Group	<u>\$</u>	0.00	Gross Receipts Four	th Group	\$	0.00
ase Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00

LEGAL NAME OF OWN Consolidated Cor			Services	, Inc		S	62991	Name
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ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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otal DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee: Add t			scriber group	as shown in the boxe	s above.	\$		

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EGAL NAME OF OWNER			Services,	, Inc		S	62991	
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tal DSEs			0.00	Total DSEs			0.00	
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se Rate Fee: Add the ter here and in block 3			riber group	as shown in the box	es above.	\$		
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EGAL NAME OF OWNER			Services	, Inc		S	62991	
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se Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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al DSEs	1 1		0.00	Total DSEs			0.00	
oss Receipts Third G	roup	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
se Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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		e Services	, Inc			62991	
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e Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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LEGAL NAME OF OWN Consolidated Co			Services	, Inc		S	62991	Name
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAG		RIBER GROUP		
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ase Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
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			, Inc			62991	
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ss Receipts First Group	\$	0.00	Gross Receipts See	cond Group	\$	0.00	
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
FIFTY-FIFT	I SUBSCRIBER GRO	OUP		FIFTY-SIXTH	I SUBSCRIBER GRO	UP	
MMUNITY/ AREA		0	COMMUNITY/ AREA 0				
LL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
al DSEs	. <u> </u>	0.00	Total DSEs			0.00	
ss Receipts Third Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	

LEGAL NAME OF OWNER Consolidated Comr			Services,	, Inc		S	62991	
				TE FEES FOR EA				
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ase Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
se Rate Fee: Add the	base rate	e fees for each subso	criber group	as shown in the box	es above.			

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		e Services	, Inc			62991
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e Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
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e Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
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al DSEs		0.00	Total DSEs			0.00	
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EGAL NAME OF OWNER			Services,	, Inc		S	62991	
SEVENTY	r-THIRD \$	SUBSCRIBER GRO	UP 0	SEVENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
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ise Rate Fee First Gro	up	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
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se Rate Fee: Add the	hase rate	fees for each subs	riher aroun	as shown in the box	es ahove			

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Base Rate Fee Third 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 Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00	
	Base Rate Fee: Add th	e base rat	te fees for each subsc	riber group	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S	YSTEM ID# 62991	Name
				TE FEES FOR EAC				
	Y-FIRST	SUBSCRIBER GROU		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	-
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of
	DOL	ONLE OTOT	DOL	OF LE CION	DOL		DOL	Base Rate
								and
								Syndicate
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								Surcharg for
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Fotal DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First Gr	quo	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
· ·	I				- 1	<u>·</u>		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHT	Y-THIRD	SUBSCRIBER GROU		EIGH	ITY-FOURTH	SUBSCRIBER GROU		
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 G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	r.	· · · · · · · · · · · · · · · · · · ·			 P			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the			riber group	as shown in the boxe	s above.			
Enter here and in block						\$		

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LEGAL NAME OF OWNER Consolidated Comr			Services,	Inc		S	YSTEM ID# 62991	Name
				TE FEES FOR EAC				
	Y-FIFTH	SUBSCRIBER GROU		11		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat Exclusivi
								Surcharg
								for
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								Distant Stations
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otal DSEs		<u> </u>	0.00	Total DSEs	-	••	0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Sec		\$	0.00	
	VENTH	SUBSCRIBER GROU		11		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	۹		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	
				и				
ase Rate Fee: Add the								

LEGAL NAME OF OWNE			Services	, Inc		SY	STEM ID# 62991	Name
				ATE FEES FOR EACH				
EIGHT COMMUNITY/ AREA	Y-NINTH	SUBSCRIBER GROU	IP 0	COMMUNITY/ AREA	NINTIETH	SUBSCRIBER GROU	P 0	9
COMMONT T/ AREA			U	COMMUNITY AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and Syndicated
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								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	ld Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	d Group	\$	0.00	
	Y-FIRST	SUBSCRIBER GROL		11	Y-SECOND	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
	·				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
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Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	adove.	\$		

LEGAL NAME OF OWNER			Services,	, Inc		ę	62991
OMMUNITY/ AREA		SUBSCRIBER GROU	0	NINETY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						-	
			0.00				0.00
otal DSEs			0.00	Total DSEs			0.00
oss Receipts First Gr	oup	<u>\$</u>	0.00	Gross Receipts Second Group \$ 0.00		0.00	
se Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
NINET	Y-FIFTH	SUBSCRIBER GROU	JP	N	INETY-SIXTH	SUBSCRIBER GRC	UP
OMMUNITY/ AREA			0	COMMUNITY/ ARE	EA		0
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						-	
otal DSEs			0.00	Total DSEs			0.00
	roup	\$			urth Group	\$	
	roup		0.00	Total DSEs Gross Receipts For	urth Group	\$	0.00
Total DSEs Gross Receipts Third G Base Rate Fee Third G	·					\$\$	
ross Receipts Third G	roup	\$	0.00	Gross Receipts For Base Rate Fee For	urth Group		0.00

	BLE SYSTEM: ations Enterprise	Services	, Inc			62991
NINETY-SEVENTI	H SUBSCRIBER GRC	0 0	NINETY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					-	
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tal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Second Group \$ 0.00			0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
NINETY-NINT	H SUBSCRIBER GRO)UP		HUNDREDTH	SUBSCRIBER GRO	UP
MMUNITY/ AREA		0	COMMUNITY/ ARE			0
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
tal DSEs		0.00	Total DSEs			
tal DSEs oss Receipts Third Group	S	0.00	Total DSEs Gross Receipts Fou	urth Group	<u>s</u>	0.00

EGAL NAME OF OWNE			Services	, Inc		S	62991
				TE FEES FOR EA			
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP 0	1		SUBSCRIBER GRO	
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tal DSEs			0.00	Total DSEs			0.00
oss Receipts First G	roup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
se Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
	בה דעופה	SUBSCRIBER GRO				SUBSCRIBER GRO	
MMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GRO	0
			v		-~		
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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tal DSEs			0.00	Total DSEs			0.00
ross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group		\$ 0.00		
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ase Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00
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se Rate Fee: Add the ser here and in block			criber group	as shown in the boxe	es above.	s	
	s, ine i,	space L (page /				\$	

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S	YSTEM ID# 62991
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	ED FIFTH	SUBSCRIBER GROU		11		I SUBSCRIBER GRO	
COMMUNITY/ AREA 0			U	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
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otal DSEs			0.00	Total DSEs			0.00
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00			
ase Rate Fee First Gr		\$	0.00	Base Rate Fee Sec		\$	0.00
	EVENTH	SUBSCRIBER GROU		11		SUBSCRIBER GRO	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0
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otal DSEs			0.00	Total DSEs			0.00
iross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group \$ 0.00		0.00		
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00
						<u> </u>	
ase Rate Fee: Add the nter here and in block			riber group	as shown in the boxe	es above.	\$	
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LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S	YSTEM ID# 62991	Name
				TE FEES FOR EAG				
	D NINTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	IP 0	9
COMMUNITY/ AREA 0			COMMUNITY/ ARE	-				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
								Base Rate F
								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec				
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA 0			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
						-		
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Total DSEs 0.00		0.00	Total DSEs			0.00		
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group \$ 0.00			0.00	
Base Rate Fee Third Group		\$	0.00	Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OW Consolidated C		LE SYSTEM: tions Enterprise	Services	, Inc		S	YSTEM ID# 62991
		COMPUTATION O SUBSCRIBER GRO				RIBER GROUP	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
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otal DSEs			0.00	Total DSEs			0.00
ross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
ase Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
ONE HUNDRED	FIFTEENTH	SUBSCRIBER GRC	UP	ONE HUNDRED	O SIXTEENTH	I SUBSCRIBER GRO	UP
OMMUNITY/ ARE	A		0	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
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otal DSEs			0.00	Total DSEs			0.00
ross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00
ase Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00
			scriber group	as shown in the boxe	es above.		
ase Rate Fee: Add Inter here and in blo			scriber group	as shown in the boxe	es above.	\$	

				TE FEES FOR EACH			
		SUBSCRIBER GRO		ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP			
DMMUNITY/ AREA 0			0	COMMUNITY/ AREA			0
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al DSEs			0.00	Total DSEs		0.00	
ss Receipts First (Group	\$	0.00	Gross Receipts Second Group		\$ 0.00	
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a Data Faa First (
Base Rate Fee First Group \$ 0.00				Basa Bata Eas Sacar	ad Croup	¢	
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MMUNITY/ AREA	INTEENTH	SUBSCRIBER GRC	DUP 0	ONE HUNDRED T	WENTIETH	SUBSCRIBER GRO	UP 0
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DNE HUNDRED N MMUNITY/ AREA ALL SIGN	INTEENTH	SUBSCRIBER GRC	DUP 0	ONE HUNDRED T	WENTIETH	SUBSCRIBER GRO	UP 0
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MMUNITY/ AREA	INTEENTH	SUBSCRIBER GRC	DUP 0	ONE HUNDRED T	WENTIETH	SUBSCRIBER GRO	UP 0
MMUNITY/ AREA	INTEENTH	SUBSCRIBER GRC	DUP 0	ONE HUNDRED T	WENTIETH	SUBSCRIBER GRO	UP 0
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MMUNITY/ AREA	INTEENTH	SUBSCRIBER GRC	DUP 0	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN	WENTIETH	SUBSCRIBER GRO	UP O DSE
MMUNITY/ AREA	INTEENTH	SUBSCRIBER GRC	DUP 0	ONE HUNDRED T	WENTIETH	SUBSCRIBER GRO	UP 0
MMUNITY/ AREA		SUBSCRIBER GRC	DUP 0	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN		SUBSCRIBER GRO	UP O DSE
MMUNITY/ AREA		SUBSCRIBER GRC	DUP 0 DSE 0	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN CALL SIGN Image: Community of the second		SUBSCRIBER GRO	
MMUNITY/ AREA ALL SIGN ALL SIGN al DSEs sss Receipts Third	Group	SUBSCRIBER GRC	DUP 0 DSE 0 0.00 0.00	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN CALL SIGN Total DSEs Gross Receipts Fourth	WENTIETH	SUBSCRIBER GRO	UP 0 DSE 0 0.00 0.00
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MUNITY/ AREA	INTEENTH DSE	SUBSCRIBER GRC	DUP 0 DSE 0 0.00 0.00 0.00	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN CALL SIGN Total DSEs Gross Receipts Fourth	WENTIETH	SUBSCRIBER GRO	UP 0 DSE 0 0.00 0.00

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Consolidated Communications Enterprise Services, Inc 62991								
				TE FEES FOR EAC				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
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						-		Exclusiv
								Surcharg for
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otal DSEs			0.00	Total DSEs		+	0.00	
		<u></u>						
Bross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	0.00			
Base Rate Fee First Group \$ 0.00				Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWE				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
Total DSEs 0.00			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourth Group \$ 0.00				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the	e base rat	te fees for each subsc	riber group	as shown in the boxe	s above.			
Enter here and in block						\$		

Consolidated Com		LE SYSTEM: tions Enterprise	Services	Inc		5	YSTEM ID# 62991	
BL ONE HUNDRED TWEN						RIBER GROUP		
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	COMMUNITY/ AREA		I SUBSCRIBER GROUP	0	
						П		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
tal DSEs			0.00	Total DSEs			0.00	
oss Receipts First Gro	oup	\$	0.00	Gross Receipts Second Group \$ 0.00				
se Rate Fee First Gro		\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
HUNDRED TWENTY-S	SEVENTH	SUBSCRIBER GROUP						
MMUNITY/ AREA			0	COMMUNITY/ AREA 0				
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			0.00	Total DSEs			0.00	
tal DSEs				Gross Receipts Four	rth Group	\$	0.00	
	roup							
	roup							
otal DSEs ross Receipts Third Gr ase Rate Fee Third Gr		\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
ss Receipts Third Gi e Rate Fee Third Gi	roup	<u></u>	0.00	Base Rate Fee Four		\$	0.00	

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EGAL NAME OF OWN			Services	, Inc		S	YSTEM ID# 62991	Name
				TE FEES FOR EA	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	-A		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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		-						Exclusiv Surcharg
								for
								Partiall
								Distant
		-						Station
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Se		\$	0.00	
		SUBSCRIBER GROU		ONE HUNDRED TH				
OMMUNITY/ 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			0.00	Total DSEs			0.00	
ross Receipts Third	Group	\$	0.00	Gross Receipts Fo	urth Group	\$	0.00	
ase Rate Fee Third	Group	\$	0.00	Base Rate Fee For	urth Group	\$	0.00	
		te fees for each subs space L (page 7)	scriber group	II as shown in the box	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Consolidated Communications Enterprise Services, Inc 62991								
				TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
	TY-THIRD	SUBSCRIBER GROUP				SUBSCRIBER GROUI		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Compu
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Ra
								and
								Syndic
		-						Exclus Surcha
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						-		Statio
Total DSEs			0.00	Total DSEs	0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
		SUBSCRIBER GROUP					<u> </u>	
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
			Ŭ					
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	urth Group	\$	0.00	
	roup	\$	0.00		and oroup			
	roup	<u>\$</u>	0.00		nur Group			
		\$	0.00	Base Rate Fee Fou		\$	0.00	
Gross Receipts Third G								
Gross Receipts Third G	roup	\$	0.00	Base Rate Fee Fou	ırth Group			

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LEGAL NAME OF OWNEF Consolidated Com			Services,	, Inc		SY	STEM ID# 62991	Name
			BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY-S	SEVENTH	SUBSCRIBER GROUP		1		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	-
CALL SIGN								Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
		-						and
								Syndicated
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		-						Surcharge
								for Dortiolly
								Partially Distant
								Stations
		-				-		
Total DSEs			0.00	Total DSEs	ļ	11	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-						
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			1					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gr	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

		Services				62991	
BLOCK A ONE HUNDRED FORTY-FIRS	COMPUTATION O)	
MMUNITY/ AREA		0	1	ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0			
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					-		
al DSEs		0.00	Total DSEs0.00				
ss Receipts First Group	\$	0.00	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00			
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED FORTY-THIR							
	D SUBSCRIBER GROU		11		SUBSCRIBER GROUP		
IMUNITY/ AREA		ір О	COMMUNITY/ ARE		I SUBSCRIBER GROUF	0	
	CALL SIGN		11		CALL SIGN		
		0	COMMUNITY/ ARE	EA		0	
		0	COMMUNITY/ ARE	EA		0	
		0	COMMUNITY/ ARE	EA		0	
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		0	COMMUNITY/ ARE	EA		0	
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		0	COMMUNITY/ ARE	EA		0	
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ALL SIGN DSE		0	COMMUNITY/ ARE	EA		0	
ALL SIGN DSE		0 DSE	COMMUNITY/ ARE	A		0 DSE	
ALL SIGN DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE CALL SIGN	A		0 DSE	
	CALL SIGN	0 DSE	COMMUNITY/ ARE CALL SIGN	Inth Group		0 DSE	

LEGAL NAME OF OWN			Services	, Inc		S	YSTEM ID# 62991	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EA		RIBER GROUP		
ONE HUNDRED F	ORTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTY-SIXTH	I SUBSCRIBER GROUF)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computatio
CALL SIGN	CALL SIGN DSE CALL SIGN DSE				DSE	CALL SIGN	DSE	of
		-						Base Rate F and
								Syndicate
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		-						Surcharge
		-						for
		-		-				Partially Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts See	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROUP	þ	ONE HUNDRED F	ORTY-EIGHTH	I SUBSCRIBER GROUF	>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts For	urth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee For	urth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo		te fees for each subs space L (page 7)	criber group	II as shown in the box	es above.	\$		

LEGAL NAME OF OW		E SYSTEM: tions Enterprise	Services	, Inc		S	YSTEM ID# 62991
				TE FEES FOR EA			
DNE HUNDRED FC		SUBSCRIBER GRO	<u>UP</u>	ONE HUNDRED FIFTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN			DSE
		-					
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otal DSEs			0.00	Total DSEs		4.	0.00
ross Receipts First	t Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
	Gloup	Ф	0.00	Gross Receipts Set		\$	0.00
se Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
		SUBSCRIBER GRO		TT		SUBSCRIBER GRO	UP
MMUNITY/ ARE	A		0	COMMUNITY/ ARE	EA		0
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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tal DSEs			0.00	Total DSEs			0.00
oss Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00
ase Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00
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ase Rate Fee: Add	the hase rat	e fees for each subs	criber aroun	as shown in the boxe	es above		
ter here and in blo			unei gioup			\$	

LEGAL NAME OF OWNE Consolidated Com			Services,	, Inc		S	YSTEM ID# 62991	Name
		COMPUTATION OF						
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU		1		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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		1						
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 Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TY-FIFTH	SUBSCRIBER GROU		1		I SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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	iroup	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th			riber group	as shown in the boxe	es above.			
Enter here and in block	3, line 1, s	space L (page 7)				\$		

EGAL NAME OF OWNER			Services,	Inc		S	YSTEM ID# 62991	Na
				TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROUP		11		I SUBSCRIBER GROUF		
COMMUNITY/ AREA	IMUNITY/ AREA 0			COMMUNITY/ ARE	Α		0	Com
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otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gr		\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TY-NINTH	SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	-							
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

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		tions Enterprise					62991
В		COMPUTATION OF		ATE FEES FOR EA			
0144 BUT // 1 5 5 5		SUBSCRIBER GRO	UP			SUBSCRIBER GRC	
OMMUNITY/ AREA	Conroe	raty		COMMUNITY/ ARE	-A		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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	<u> </u>	L				11	
tal DSEs			0.00	Total DSEs			0.00
oss Receipts First G	roup	<u>\$</u> 2,158	,079.70	Gross Receipts See	cond Group	\$	0.00
se Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
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al DSEs							
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otal DSEs ross Receipts Third (Group	\$	0.00	Gross Receipts For	urth Group	<u>\$</u>	0.00
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oss Receipts Third (\$\$	
ss Receipts Third (e Rate Fee Third (Group	\$	0.00	Base Rate Fee For	urth Group	\$\$	
s Receipts Third (• Rate Fee Third (Group	\$	0.00	Base Rate Fee For	urth Group	\$ \$	

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LEGAL NAME OF OW Consolidated Co			e Services	, Inc			62991	Name
	BLOCK A:	COMPUTATION C	DF BASE RA	ATE FEES FOR EAG		RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	•
COMMUNITY/ ARE/	A		0	COMMUNITY/ ARE	A		0	9 Computation
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lotal 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	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	OUP		EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE/			0	COMMUNITY/ ARE			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 Thire	d Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
	d Crown		0.00	Roop Data Fra F	uth Crew		0.00	
Base Rate Fee Thire		<u>م</u>	0.00	Base Rate Fee Fou	inin Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		
		space - (page /				Ψ		

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otal DSEs Gross Receipts Thir Grase Rate Fee Thir Grase Rate Fee: Address Addr	d Group d the base rat	\$ te fees for each sub	0.00	Gross Receipts Fou	rth Group		0.00		

ONE HUNDRED F COMMUNITY/ AREA		COMPUTATION OF SUBSCRIBER GROU	IP	TE FEES FOR EAC				
ONE HUNDRED F COMMUNITY/ AREA	FIRST		IP	m				
	SE		•		D SECOND	SUBSCRIBER GROU	JP	•
CALL SIGN D:	SE		0	COMMUNITY/ AREA			0	9 Computation
		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	
Base Rate Fee First Group)	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED T	HIRD S	SUBSCRIBER GROU	IP	ONE HUNDR	ED FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	۸ 		0	
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	_							
						[]		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group	р	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group	p	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the ba Enter here and in block 3, li			riber group	as shown in the boxes	s above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Consolidated Communications Enterprise Services, Inc62991							
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		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	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUND	RED EIGHTH	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 t Enter here and in bloc			riber group	II as shown in the boxe	s above.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Consolidated Communications Enterprise Services, Inc62991							
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		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 Seco	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GROU		ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
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 C	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	e fees for each subsc	riber arour	as shown in the boxe	s above			
Enter here and in block			3 .54p			\$		

	IGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# onsolidated Communications Enterprise Services, Inc 62991							
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EA	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TH	HIRTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED F	OURTEENTH	I SUBSCRIBER GRO	DUP	•
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	EA		0	9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
		-						and
								Syndicat
		-						Exclusiv
		-						Surchar
		-						for
		-						Partial
		-						Distant
		-						Station
		-						
		11	4			11		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Se	cond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee See	cond Group	\$	0.00	
ONE HUNDRED	FIFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDREI	O SIXTEENTH	I SUBSCRIBER GRO	DUP	
OMMUNITY/ ARE	A		0	COMMUNITY/ ARE	EA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
						Π		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	d Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
ase Rate Fee Third	d Group	\$	0.00	Base Rate Fee For	urth Group	\$	0.00	
				11				
ase Rate Fee: Add nter here and in blo		te fees for each subso space L (page 7)	criber group	as shown in the box	es above.	\$		
		opado E (page 1)				Ψ		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Consolidated Communications Enterprise Services, Inc 62991								Name
			BASE RA	TE FEES FOR EACH	I SUBSCR	IBER GROUP		
	ENTEENTH	SUBSCRIBER GROUP			IGHTEENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
					••••••••••••••••••••••••••••••••••••••			Surcharge
								for
								Partially
								Distant Stations
		-						Stations
Total DSEs			0.00	Total DSEs	-		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
	·							
Base Rate Fee First G		\$	0.00	Base Rate Fee Secor		\$	0.00	
	NTEENTH	SUBSCRIBER GROU			WENTIETH	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 0	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
			-					
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
						·		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	IGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 00000000000000000000000000000000000							
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EA		IBER GROUP		
ONE HUNDRED TV	VENTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	ENTY-SECOND	SUBSCRIBER GROU	Р	0
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	EA		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
		-						and
		-						Syndicate
		-						Exclusivit
		-						Surcharge
		-						for
								Partially
		-						Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED TW	/ENTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	EA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		[I		
		-						
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62991							
	BLOCK A:	COMPUTATION OI	BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
ONE HUNDRED TV	WENTY-FIFTH	SUBSCRIBER GROUP	0	ONE HUNDRED T	WENTY-SIXTH	I SUBSCRIBER GROU	Р	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	A		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 Firs	t Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
NE HUNDRED TWEN	ITY-SEVENTH	SUBSCRIBER GROUP	D	ONE HUNDRED TW	ENTY-EIGHTH	I SUBSCRIBER GROU	P	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-		-				
		-						
						Π		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		
						*		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Consolidated Communications Enterprise Services, Inc62991							Name	
BL	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED) THIRTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			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
	<u> </u>		0.00		<u> </u>	ļļ	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED THIF	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-						
						-		
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th	e base rat	e fees for each subsc	riber aroun	as shown in the boxes	above			
Enter here and in block			J P			\$		

LEGAL NAME OF OWNE Consolidated Con			Services,	Inc		S	YSTEM ID# 62991	Name
BL	_OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIF	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	J 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 Secor	nd Group	\$	0.00	
Base Rate Fee First G	-	\$	0.00	Base Rate Fee Secor		\$	0.00	
ONE HUNDRED THIR	TY-FIFTH	SUBSCRIBER GROU		11	RTY-SIXTH	SUBSCRIBER GROU	IP	
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	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		
	,	paus - (page 7,				•		

LEGAL NAME OF OWNE			Services	, Inc		S	YSTEM ID# 62991	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY						I SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		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
				-				
			I			Ш		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRE	D FORTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					-			
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th			riber group	as shown in the boxe	s above.			
Enter here and in bloc	k 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OW Consolidated C		LE SYSTEM: Itions Enterprise	Services	, Inc		5	62991	Name
	FORTY-FIRST	COMPUTATION OI SUBSCRIBER GROUI	0	1	ORTY-SECOND	BER GROUP		9
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	EA		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 Firs	t Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
		SUBSCRIBER GROUP		11		I SUBSCRIBER GROU		
COMMUNITY/ ARE	A		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 Group \$ 0.00		0.00	Gross Receipts Fou	urth Group	\$	0.00		
Base Rate Fee Thir	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	urth Group	\$	0.00	
			criber group	as shown in the boxe	es above.			
Enter here and in bl	ock 3, line 1,	space L (page 7)				\$		

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		SY	STEM ID# 62991	Name
BL	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	HSUBSCR	IBER GROUP		
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED F	ORTY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	Dee		Dec	CALL SIGN				Computation of
CALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	Base Rate Fee
		-						and
								Syndicated
						-		Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		-						
Total DSEs	ļ	<u> </u>	0.00	Total DSEs	_	11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FORTY	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
]						
Tatal DOC			0.00	Tables			0.00	
Total DSEs 0.00			Total DSEs _			0.00		
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		
	J, III E 1, S	space L (page /,				φ		

LEGAL NAME OF OWNE			Services	, Inc		S	YSTEM ID# 62991	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC		IBER GROUP		
ONE HUNDRED FOR						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 Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
		-						Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Second Group		\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	<u>.</u>		0.00	Total DSEs			0.00	
Gross Receipts Third	Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add ti Enter here and in bloci			riber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		SY	STEM ID# 62991	Name
BL	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP	-	
ONE HUNDRED FIFT						SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				9
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
								otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-						
						-		
Total DSEs	1		0.00	Total DSEs			0.00	
		0.00						
Gross Receipts Third G	noup	<u>\$</u>	0.00	Gross Receipts Fourt	Group	\$	0.00	
Base Rate Fee Third G	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		
	0, mie 1, 3	prace - (paye /,				v l		

LEGAL NAME OF OWNE Consolidated Com			Services,	Inc		SY	STEM ID# 62991	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP				ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA			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 Gr	roup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GROU	IP	ONE HUNDRED	SIXTIETH	SUBSCRIBER GROU	P	
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	
		0.00	Gross Receipts Fourth	n Group	\$	0.00		
		0.00	Base Rate Fee Fourth	n Group	\$	0.00		
Base Rate Fee: Add the base rate fees for each subscriber grou Enter here and in block 3, line 1, space L (page 7)				as shown in the boxes a	above.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID#					
		62991					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television marke by section 76.5 of FCC rules in effect on June 24, 1981:						
Computation of	First 50 major television market	Second 50 major television market					
Base Rate Fee	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce	iel VIUE Crade D contour stations listed in block A nort 0 of					
and Syndicated Exclusivity Surcharge for Partially Distant	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for 	r the VHF Grade B contour stations that were classified as zero. DSEs used to compute the surcharge. rmula outlined in block D, section 3 or 4 of part 7 of this					
Distant Stations	schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.						
	ONE HUNDRED NINTH SUBSCRIBER GROUP	ONE HUNDRED TENTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the V/UE DSEe					
	Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs					
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1					
	and enter here. This is the total number of DSEs for this subscriber group	and enter here. This is the total number of DSEs for this subscriber group					
	subject to the surcharge computation	subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group					
	ONE HUNDRED ELEVENTH SUBSCRIBER GROUP	ONE HUNDRED TWELVTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge					
	Computation	Computation					
	SURCHARGE Third Group	SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	ch subscriber group as shown)					