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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
	\$							
	ALLOCATION NUMBER							
2-27-20								

## SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period	2019/2				
B	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines of the were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account of the cable system's first filing. If not, enter the system's ID	ss of the cable syster on the last day of to nunting period.	em. he accounting period should st		14
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM TELECOMMUNICATIONS MANAGEMENT, LLC				
	TEECOMMONIOATIONO MANAGEMENT, EEG				
				332442019	2
				33244 2019/2	
	210 E EAERLL DRIVE PHOENIX, AZ 85012				
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•			
System	IDENTIFICATION OF CABLE SYSTEM:	or the system, if the	merent nom the address gr	ven in space b.	
	TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A	A NEWWAVE	COMMUNICATIONS		
	MAILING ADDRESS OF CABLE SYSTEM:  3000 N WESTWOOD BLVD.				
	2 (Number, street, rural route, apartment, or suite number) POPLAR BLUFF, MO 63902				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and r	elist on page 1b	
Area	with all communities.	Γ			
Served	CITY OR TOWN	STATE			
First Community	DU QUOIN	IL			
Community	Below is a sample for reporting communities if you report multiple ch		<u>'</u>	0115.055"	_
	CITY OR TOWN (SAMPLE)  Alda	STATE MD	CH LINE UP	SUB GRP#	
Sample	Alliance	MD	A B	2	
	Gering	MD	В	3	
				•	

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

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

ORM SA3E. PAGE 1b.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
TELECOMMUNICATIONS MANAGEMENT, LLC			33244	
<b>Instructions:</b> List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The free of system identification hereafter known as the "first community." Please use it as the first	orated communiti at community that	es within unincorp you list will serve	oorated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	entheses	
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave 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. I levant community	f you report any s with a subscribe	tations r 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 by	a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	]
DU QUOIN	IL			First
PICKNEYVILLE	IL	***************************************		Community
ST. JOHNS VILLAGE	IL			
TAMAROA	IL			
UNINC. PERRY	IL			
BUCKNER	IL			See instructions for
CHRISTOPHER	IL			additional information
NORTH CITY	IL			on alphabetization.
EWING	IL			
WEST SITY VILLAGE	IL			
MULKEYTOWN	IL			
BENTON	IL			Add rows as necessary.
UNINC. FRANKLIN COUNTY	IL			
		***************************************		
				i e

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELECOMMUNICATIONS MANAGEMENT, LLC

SYSTEM ID#
33244

# E

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK 1					BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:				Ħ					
<ul> <li>Service to first set</li> </ul>	2,750	\$	40.00						
<ul> <li>Service to additional set(s)</li> </ul>									
•FM radio (if separate rate)									
Motel, hotel	155	\$	40.50	1					
Commercial									
Converter									
Residential		ļ		1					
Non-residential		<u></u>							

# F

### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1			BLOCK 2		
CATEGORY OF SERVICE	R	ATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential					
<ul> <li>Pay cable</li> </ul>		\$9-\$18	Motel, hotel			EXPANDED BASIC	\$	48.00
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			STARZ SUPER PAK	\$	19.00
<ul> <li>Fire protection</li> </ul>			• Pay cable			SHOWTIME UNLTD	\$	19.00
<ul><li>Burglar protection</li></ul>			<ul> <li>Pay cable-add'l channel</li> </ul>			HBO THE WORKS	\$	27.00
Installation: Residential			Fire protection			НВО	\$	19.00
<ul><li>First set</li></ul>	\$	40.00	Burglar protection			CINEMAX	\$	19.00
<ul><li>Additional set(s)</li></ul>			Other services:			DIGITAL FAM PLUS	\$	16.00
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	90.00			
<ul> <li>Converter</li> </ul>			Disconnect					
			Outlet relocation	\$	45.00			
			Move to new address	\$	30.00			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) **WSIL** 32 CAPE GIRARDEAU, MO Ν No **WPSD 32** Ν No PADUCAH, KY See instructions for additional information WTCT 17 ı No MARION, IL on alphabetization. **KBSI** 22 CAPE GIRARDEAU, MO ı No WSIU 8 Ε CARBONDALE, IL No KFVS-DT2 12.2 I-M No CAPE GIRARDEAU, MO **KSDK** 35 Ν Yes 0 ST. LOUIS, MO KFVS-DT3 12.3 I-M No CAPE GIRARDEAU, MO WPSD-DT2 32.2 I-M PADUCAH, KY No KBSI-DT2 22.3 I-M No CAPE GIRARDEAU, MO PADUCAH, KY WPSD-DT3 32.3 I-M No 49.2 PADUCAH, KY WDKA-DT2 I-M No WDKA-DT3 PADUCAH, KY 49.3 No I-M

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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AG 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AH 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AR 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

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

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 33244 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

LEGAL NAME OF OWNER OF CABLE SYSTE	EM:				S١	YSTEM ID#	
TELECOMMUNICATIONS MANA	GEMENT, L	LC				33244	Name
SUBSTITUTE CARRIAGE: SPECIAL	I STATEMEN	NT AND BROCKAM LOC	•				
In General: In space I, identify every non substitute basis during the accounting pe explanation of the programming that mus form.	network televi	sion program broadcast by ecific present and former FC	a distant stati CC rules, regu	lations, or authoriz	zations.	For a further	Substitute
1. SPECIAL STATEMENT CONCERI	NING SUBST	TTUTE CARRIAGE					Carriage:
During the accounting period, did your broadcast by a distant station?			is, any nonne		orogram <b>/es</b> [		Special Statement and Program Log
<b>Note:</b> If your answer is "No", leave the rlog in block 2.	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the p	program	า	
In General: List each substitute program clear. If you need more space, please a Column 1: Give the title of every non period, was broadcast by a distant static under certain FCC rules, regulations, or SA3 form for futher information. Do not titles, for example, "I Love Lucy" or "NB. Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast station the case of Mexican or Canadian station Column 5: Give the month and day with the case of Mexican or Canadian station Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the I to delete under FCC rules and regulating gram was substituted for programming effect on October 19, 1976.	m on a separa attach addition anetwork televon and that your authorization to use general of A Basketball: cast live, ente tation broadcan's location (the system of the system) of the system of the	al pages. ision program (substitute pour cable system substitute sets. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nesting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your led by a system from 6:01: I was substituted for prograuring the accounting period	orogram) that d for the program instruction is lice station is lice orogram. Use cable system 15 p.m. to 6:20 mmming that yell; enter the less to the program in the less than the less	, during the accoupramming of another ons located in the control of the control o	unting her stati e paper ogram  or, in he mont ccurately be required ed pro	ion th	
SUBSTITUTE	E DDOGDAM			EN SUBSTITUTE		7. REASON	
1. TITLE OF PROGRAM  2. LIVE?	3. STATION'S		5. MONTH	6. TIMES		FOR DELETION	
Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО		
<u> </u>							
ļ							
ļ							
				_			
				_			

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 33244 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM FROM** TO DATE TO DATE

	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID# 33244	Name
IEI	ECOMMUNICATIONS MANAGEMENT, LLC			33244	
Inst all a (as i	COSS RECEIPTS  ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's section dentifed in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions.	ondary tra	ansmissi	on service	<b>K</b> Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		\$	609,168.72	
IIVIP	ORTANT: You must complete a statement in space P concerning gross receipts.	()	Amount of g	ross receipts)	
<ul><li>Instru</li><li>Con</li><li>Con</li><li>If yo fee t</li><li>If yo</li></ul>	<b>RIGHT ROYALTY FEE</b> 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 arrom block 1 on line 1 of block 4, and calculate the total royalty fee.  ur system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.				Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ${\sf k}$ 3 below.	oe entered	d on line	1 of	
If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered o	on line 2 i	n block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be er	ntered on	line	
	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K	e is 1.064			
	Line 2. Multiply the amount in line 1 by 0.01064		Ψ	003,100.72	
	Enter the result here. This is your minimum fee.	•		6,481.56	
	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> <li>No—Leave block 3 below blank and one of the stations of the stati</li></ul>	mn 4, you iod?	ı must ch	eck	
Block 3	Line 1. <b>BASE RATE FEE</b> : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	-	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	-		5,710.96	
	Line 3. Add lines 1 and 2 and enter here	\$		5,710.96	
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		\$	6,481.56	Cable systems
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.			0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	_		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	_	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		7,206.56	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	e (i) of th	е	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
I <b>T</b> aille	TELECOMMUNICATIONS MANAGEMENT, LLC	33244
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Chameis	1. Enter the total number of channels on which the cable system carried television broadcast stations	5
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	31
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-62	195
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
	PHOENIX, AZ 85012 (City, town, state, zip)	
	Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	tified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable in line 1 of space B.	e system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	
	X /s/ RAYMOND STORCK	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and pre button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	ess the "F2"
	Typed or printed name: RAYMOND STORCK	
	Title: VICE PRESIDENT  (Title of official position held in corporation or partnership)	
	Date: February 20, 2020	

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	
TELECOMMUNICATIONS MANAGEMENT, LLC	33244	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include secondary and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.		Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?	IS	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayme For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	nt.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	days 4	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
(interest cha	<i>o</i> ,	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleat contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase 	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the origin filing.	nal	
Owner Address		
First community served Accounting period		
ID number		

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

**ACCOUNTING PERIOD: 2019/2** 

DSE SCHEDULE, PAGE 11. (CONTINUED)

	T					/OTEL:::::::				
1	LEGAL NAME OF OWNER OF CABLE				Si	STEM ID#				
•	TELECOMMUNICATIONS MANAGEMENT, LLC 33244									
	SUM OF DSEs OF CATEGOR		NS:							
	<ul> <li>Add the DSEs of each station</li> </ul>									
	Enter the sum here and in line	1 of part 5 of this	s schedule.	11	0.25					
_	Instructions:					•				
2	In the column headed "Call S	ign": list the ca	II signs of all distant stations	identified by tl	ne letter "O" in column 5					
	of space G (page 3).									
Computation	In the column headed "DSE"			as "1.0"; for e	each network or noncom-					
of DSEs for	mercial educational station, giv	e the DSE as ".2	CATEGORY "O" STATION	IO. DOE.						
Category "O" Stations	CALL SIGN	DSE	CALL SIGN	DSE DSES	CALL SIGN	DSE				
Stations	KSDK	0.250	CALL SIGN	DSE	CALL SIGN	DSE				
	NSUN	0.230								
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
10W3.										

<b>,</b>			<b>=</b> 111111111111111111111111111111111111

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

Name	TELECOMMUNICATIONS MANAGEMENT, LLC							33244
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBE OF HO CARRII SYSTE	ER 3. NL URS OF ED BY ST	IMBER HOURS ATION I AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	Ε
			÷	=		X	=	
			÷ ÷	=		x	=	
			÷	=		x	=	
			÷	=		x	=	
			÷ ÷	=		x x	=	
			÷	=		X	=	
	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,							
Computation of DSEs for Substitute-Basis Stations	space I). <b>Column 2:</b> For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF D							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			= =			÷		=
			÷ = =			÷		=
			-			÷		=
			=			÷		=
	Add the DSEs of	OF SUBSTITUTE-BAS			▶	0.00		=
<b>5</b> Total Number	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.  1. Number of DSEs from part 2 ● ▶ 0.25							
of DSEs	2. Number of DSEs from part 3 ●							
	3. Number of DSEs from part 4 ● • 0.00							
	TOTAL NUMBE	R OF DSEs				<u> </u>		0.25

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

LEGAL NAME OF O			NT 110				S	YSTEM ID#	Name	
TELECOMMUN	NICATIONS MA	ANAGEME	NT, LLC					33244		
Instructions: Bloc In block A: • If your answer if 's schedule.	·		art 6 and part 7	of the DSE sched	lule blank and	complete part	8, (page 16) of th	e	6	
• If your answer if	"No," complete blo			TELEVICIONI MA	ADVETO				Computation of	
Is the cable syster effect on June 24,  Yes—Com	-	utside of all m	najor and small		ned under sed		CC rules and regul	lations in	3.75 Fee	
X No—Comp	olete blocks B and	C below.								
		BLOCK B: CARRIAGE OF PERMITTED DSEs								
Column 1: CALL SIGN	under FCC rules	and regulations  e DSE Scheo	ons prior to Jundule. (Note: The	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	rther explanati	ion of permitted	d stations, see the			
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station previous	les and reguled pursuant to on as defined al educational station (76.6 or DSE schedunt to individuviously carried	ations cited be to the FCC mar in 76.5(kk) (76 station [76.59 station [76.59 station ]).  I station [76.59 station ]  I station [76.59 station	e or substitute bas ontour, [76.59(d)(5	e in effect on 5.57, 76.59(b), (1), 76.63(a) 3(a) referring stitution of gradius prior to Jun	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to			
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 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		
		F	BLOCK C: CC	MPUTATION OF						
								0.05		
Line 1: Enter the Line 2: Enter the		·						0.25		
	•				40.45-0.75	ot o	ı			
Line 3: Subtract (If zero, le	eave lines 4–7 bl			_		ate.	1	0.25		
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				\$ 609 × 0.03	<b>9,168.72</b>	Do any of the DSEs represent partially	
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here				\$ 2:	2,843.83	permited/ partially nonpermitted	
Line 6: Enter tota	al number of DSE	Es from line	3					0.25	carriage? If yes, see part 9 instructions.	
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)		\$	5,710.96		

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

SIGN BASIS SIGN BASIS SIGN BASIS	LEGAL NAME OF OWNER OF CABLE SYSTEM:  TELECOMMUNICATIONS MANAGEMENT, LLC  BLOCK A: TELEVISION MARKETS (CONTINUED)											
Computa				1. CALL	2. PERMITTED		1. CALL		3. DSE	6		
	CIGIV	<i>Di</i> (010		CICIV	D/ (CIO		OIOI4	B/ (GIO		Computation o		
			***************************************							3.731 66		
						***************************************						
							-					
									<u></u>			

LEGAL NAME OF OWN TELECOMMUNIC			LC			S	YSTEM ID# 33244	Name
				TE FEES FOR EACH			_	
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	P	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KSDK	0.25							Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts First (	Group	<b>\$</b>	0.00	Gross Receipts Seco	and Group	<u> </u>	0.00	
Gross Receipts First v	Эгоар		0.00	Cross receipts eco	ла Стоар			
Base Rate Fee First (	•	\$	0.00	Base Rate Fee Seco		\$	0.00	
	THIRD	SUBSCRIBER GROU		1		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	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloc			riber group a	as shown in the boxes a	above.	•	0.00	
inter here and in bloc	ルっ, iiiie T, S	pace ∟ (page /)				Ф	0.00	

BLOCK A: COMPUTATION OF BASE NATE FEES FOR EACH SUBSCRIBER GROUP	TELECOMMUNICA							33244	
CALL SIGN   DSE   CALL SIGN	В				ATE FEES FOR EAC			ID.	
CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE		FIFTH	SUBSCRIBER GRO				1 SUBSCRIBER GRO		9
	COMMUNITY AREA			U	COMMUNITY ARE	Α		U	Computat
Gross Receipts First Group  Sase Rate Fee First Group  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Gross Receipts First Group  Sase Rate Fee First Group  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									Base Rate
Scross Receipts First Group  Serventh Subscriber Group  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG									and
Scross Receipts First Group  Serventh Subscriber Group  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG									Syndicate
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SOMMUNITY/ AREA O CALL SIGN DSE CALL									Exclusivi Surcharç
ross Receipts First Group  s									for
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA  O CALL SIGN DSE CAL									Partially
SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN									Distant
ross Receipts First Group  s									Stations
SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN									
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA  O CALL SIGN DSE CAL									
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SOMMUNITY/ AREA O CALL SIGN DSE CALL			-						
Scross Receipts First Group  Serventh Subscriber Group  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG									
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SOMMUNITY/ AREA O CALL SIGN DSE CALL									
SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL S	otal DSEs			0.00	Total DSEs			0.00	
SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL S	Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	<b>s</b>	0.00	
SEVENTH SUBSCRIBER GROUP  OMMUNITY/AREA  O  CALL SIGN  DSE  CA	roos recocipio i noi o	Гоар	•	0.00	- Cross Rescipts See	ona Group	*	0.00	
SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE	lana Bata Fan First O			0.00	Bass Bats For Co.			0.00	
OMMUNITY/ AREA  O COMMUNITY/ ARE	ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ona Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN		SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
Total DSEs  Total DSEs  Total DSEs  Total DSEs  Gross Receipts Third Group  \$ 0.00  \$	COMMUNITY/ AREA				COMMUNITY/ ARE	Α		0	
Total DSEs  Total				T					
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\$ 0.00   Gross Receipts Fourth Group \$ 0.00		····							
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sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Gross Receipts Third G	Proup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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		- I-		J. 0 0		<del></del>			
I.									
Sase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  Inter here and in block 3, line 1, space L (page 7)				criber group	as shown in the boxes	s above.			

LEGAL NAME OF OWNER TELECOMMUNICA			LC			SY	33244	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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					_		Syndicated	
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								for
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								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	TWELVTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0				
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		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	oove.	\$		

						<u> </u>		TELECOMMUNICA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	JRTEENTH			SUBSCRIBER GROU	TEENTH	
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and						-		
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for Partial			-					
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	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	IXTEENTH	S	ΙP	SUBSCRIBER GROU	TEENTH	FIF
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				ATE FEES FOR EAC				
		I SUBSCRIBER GRO		††		SUBSCRIBER GRO		9
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								Surcharg for
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
rodo reddipto r mot	Стоир	<u>*</u>		Cross Resempts See	ona Group	*	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NINTEENTH	I SUBSCRIBER GRO	DUP		TWENTIETH	1 SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
	***************************************	0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	    Base Rate Fee Fou	rth Group	\$	0.00	
		<u></u>	3.00			[*	0.00	
ase Rate Fee: Add	the base ra	te fees for each subs	scriber group	as shown in the boxes	s above.			
inter here and in blo								

					BLOCK A: COMPUTATION OF BASE RATE FEI						
9		SUBSCRIBER GROU	r-SECOND		JP <b>0</b>	SUBSCRIBER GROU	NTY-FIRST				
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and											
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						-					
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	P O DSE	SUBSCRIBER GROU	DSE	TWENT COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	TWEN COMMUNITY/ AREA  CALL SIGN  Total DSEs			
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ON OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  TWENTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O Computation of Base Rate I and Syndicate Exclusivity Surcharg for Partially Distant Stations  O.00  O.00  Base Rate Fee Second Group  COMMUNITY/ AREA  O.00  O.00  COMMUNITY/ AREA  O.00  O.00  O.00  O.00  D.00  D.00  COMMUNITY/ AREA  O COM
O COMMUNITY/ AREA O Computation of Base Rate and Syndicate Exclusivi Surcharg for Partially Distant Stations  O DOO DOO Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  COMMUNITY/ AREA O COMMUNITY/ AREA O
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Surcharg for Partially Distant Stations  1. 0.00 Total DSEs 0.00 Gross Receipts Second Group 0.00 Base Rate Fee Second Group TWENTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0
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0.00         Total DSEs         0.00           0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           TWENTY-EIGHTH SUBSCRIBER GROUP         0         0           COMMUNITY/ AREA         0         0
0.00         Total DSEs         0.00           0.00         Gross Receipts Second Group         \$         0.00           0.00         Base Rate Fee Second Group         \$         0.00           R GROUP         TWENTY-EIGHTH SUBSCRIBER GROUP         0         0           COMMUNITY/ AREA         0         0         0         0
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LEGAL NAME OF OWNER TELECOMMUNICA			LC			S	STEM ID# 33244	Name
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FOR <sup>-</sup>	TY-FIRST	SUBSCRIBER GROU	IP	FORT	/-SECOND	SUBSCRIBER GROUP	P	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gre	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FORT	V-THIRD	SUBSCRIBER GROU	ID	FORT	V-EOLIBTH	SUBSCRIBER GROUI	D	
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lase Rate Fee: Add	the <b>base ra</b> t	te fees for each subs	scriber group	as shown in the boxe	s above.			

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			scriber group	as shown in the boxe	s above.			
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Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.					••				
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	+					MANAGEMENT, LI	TIONS IV	
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	AL NAME OF OWNER OF CABLE SYSTEM:  LECOMMUNICATIONS MANAGEMENT, LLC  BLOCK A: COMPUTATION OF BAS  HUNDRED SEVENTEENTH SUBSCRIBER GROUP	LLC				33244	Name	
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
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				Ш				
ase Rate Fee: Add	the <b>base</b> rat	te fees for each subs	criber aroun	as shown in the boxes	s above.			

	AME OF OWNER OF CABLE SYSTEM:  COMMUNICATIONS MANAGEMENT, LLC  BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH ONE HUNDRED TO THE STREET SUBSCRIBER GROUP  ONE HUNDRED TO THE STREET SUBSCRIBER GROUP				33244	Name		
		SUBSCRIBER GRO				SUBSCRIBER GROUP		9
COMMUNITY/ AREA	<b></b>		0	COMMUNITY/ AREA	Α		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv Surchar
								for
								Partiall
								Distan
								Station
otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>ase Rate Fee</b> First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TV	VENTY-THIRD	SUBSCRIBER GROU	>	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP	)	
OMMUNITY/ AREA	Α	D SUBSCRIBER GROUP  0		COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		П						
otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
		-						
			criber group	as shown in the boxes	above.	¢		
inter here and in blo	ock 3, line 1,	space L (page 7)				\$		

LEGAL NAME OF OWNER TELECOMMUNICA			_C			S	YSTEM ID# 33244	Name
			BASE RA					
ONE HUNDRED TWEN	ITY-FIFTH	SUBSCRIBER GROUP				SUBSCRIBER GROUP		۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								1
								1
								1
								1
Total DSEs			0.00	Total DSEs			0.00	1
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	1
ONE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUP		1
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	ſ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
								1
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Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	ſ
Rate Fee Third Gr	oup	\$ e fees for each subscr	0.00		th Group			

		SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA			ONE HUNDRED TWEN
9	0	SOBSCRIBER GROOF	/ TTIIIXTIL TTT	COMMUNITY/ AREA	0	SOBSCRIBER GROOF	11-14114111	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and						_		
Syndica								
Exclusiv			<u> </u>					
Surchar for			<u> </u>					
Partial			<u> </u>					
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			<u> </u>					
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	0.00	•		Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
			·	·			·	·
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THIR		SUBSCRIBER GROUP	TY-FIRST	ONE HUNDRED THIR
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gr

Name								
		BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF SUBSCRIBER GROUP		
9 Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							-	
and Syndicat							<u></u>	
Exclusiv								
Surchar								
for Partiall								
Distan								
Station								
		_						
	0.00			Total DSEs	0.00			otal DSEs
	0.00	•			0.00	¢	OLID	ross Receipts First Gr
		<u>\$</u>	d Group	Gross Receipts Secon	0.00	\$	оцр	ross Receipts First Gi
		\$		Base Rate Fee Secon	0.00	\$		
			d Group	Base Rate Fee Secon			oup	ase Rate Fee First Gr
		\$	d Group	Base Rate Fee Secon		\$	oup	Sase Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ONE HUNDRED THI
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	Sase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED THI
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED THI
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED THI
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED THI
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED THI
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED THI
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED THI
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED THI
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED THI
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED THI
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED THI COMMUNITY/ AREA  CALL SIGN
	0.00 DSE	\$ SUBSCRIBER GROUP	DSE	Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA  CALL SIGN	O.00	\$ SUBSCRIBER GROUP	DSE	ONE HUNDRED THI

ONE 111 MESSES				ATE FEES FOR EAC				
ONE HUNDRED THIR COMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDRED THE		SUBSCRIBER GROUP	0	9
JOIVIIVIOINII I/ ANEP			<u> </u>	AREA				Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate
								and
								Syndica Exclusi
								Surcha
								for
								Partial
								Distar
								Statio
			_					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED T	HIRTY-NINTH	SUBSCRIBER GROU	<u> </u>	ONELUNDOE				
OMMUNITY/ AREA			<u> </u>	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP	
OMMONT IT AIRE			0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	
CALL SIGN	DSE	CALL SIGN				CALL SIGN	_	
			0	COMMUNITY/ AREA	A		0	
			0	COMMUNITY/ AREA	A		0	
			0	COMMUNITY/ AREA	A		0	
			0	COMMUNITY/ AREA	A		0	
			0	COMMUNITY/ AREA	A		0	
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			0	COMMUNITY/ AREA	A		0	
			0	COMMUNITY/ AREA	A		0	
			0	COMMUNITY/ AREA	A		0	
			0	COMMUNITY/ AREA	A		0	
CALL SIGN			DSE	CALL SIGN	A		DSE	
CALL SIGN	DSE		0 DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE		0 DSE	
CALL SIGN	DSE		DSE	CALL SIGN	DSE		DSE	
	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	
otal DSEs	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Four	DSE	CALL SIGN	0 DSE	
call Sign  Call Sign  Dial DSEs  Toss Receipts Third  ase Rate Fee Third	DSE STOUP	CALL SIGN  s  s	0 DSE 0.00 0.00 0.00	COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Four	DSE  Trth Group	CALL SIGN	0 DSE	

Name								
				TE FEES FOR EACH	BASE RA			
9	0	SUBSCRIBER GROUP	Y-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED FOI
Computat of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	302	57 LE 51511	202	57.EE 5151.1	562	57.22 51511	202	0,122 0.0.1
and								
Syndicat			-					
Exclusiv Surchar			-					
for			-				···-	
Partially								
Distant			-					
Station			-					
			-					
	0.00				0.00			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	<b>^</b>	d C	Cross Dessints Cosse	0.00	\$	OUD.	ross Receipts First Gr
	0.00	\$	a Group	Gross Receipts Secon		<u> </u>	ОЦР	ross recorpts i list of
	0.00	\$		Base Rate Fee Secon	0.00	\$		
			d Group	Base Rate Fee Secon ONE HUNDRED FOR	0.00		oup	ase Rate Fee First Gr
		\$	d Group	Base Rate Fee Secon		\$	oup	one Hundred For
	0.00	\$	d Group	Base Rate Fee Secon ONE HUNDRED FOR	0.00	\$	oup	one Hundred For
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	OUP	ONE HUNDRED FOR COMMUNITY/ AREA
	0.00 DSE	\$ SUBSCRIBER GROUP	DSE	Base Rate Fee Secon  ONE HUNDRED FOR  COMMUNITY/ AREA  CALL SIGN	O.00	\$ SUBSCRIBER GROUP	DSE	ONE HUNDRED FOR

LEGAL NAME OF OWNE <b>TELECOMMUNIC</b>			LC			S	33244	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED FO	ORTY-SIXTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.22 0.0.1					202		202	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
					<u> </u>			Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
, , , , , , , , , , , , , , , , , , , ,		,						
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
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Tatal DOEs		II	0.00	Tatal DOE		П	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

	33244				LC			LEGAL NAME OF OWNER TELECOMMUNICA
		BER GROUP	SUBSCRIE	TE FEES FOR EACH				
9		SUBSCRIBER GROU	) FIFTIETH			SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED FORT
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
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Station								
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	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-SECOND	ONE HUNDRED FIFT	P	SUBSCRIBER GROU	TY-FIRST	ONE HUNDRED FIFT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	<u></u>							
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gr

TELECOMMUNI	CATIONS	MANAGEMENT,	LLC				33244	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit
								Surcharg for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
		_						
ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	FIFTY-FIFTH	I SUBSCRIBER GRO	DUP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GRO	UP	
OMMUNITY/ ARE	A		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<mark></mark>		
otal DCCs		11	0.00	Total DCC-			0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
ase Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
			scriber group	as shown in the boxes	s above.	¢		
inter here and in blo	JUK 3, IINE T,	space L (page 7)				\$		

DSE CALL SIGN DSE CALL SIGN DSE Base Rate and Syndical Exclusion Surchard for Partial Dista
O COMMUNITY/ AREA  DSE CALL SIGN DSE CALL SIGN DSE Base Rat and Syndica Exclusi Surcha for Partia Distal Station  O.00 Total DSEs O.00 O.00 Base Rate Fee Second Group ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
Compute  DSE CALL SIGN DSE CALL SIGN DSE  Base Rat  and Syndica Exclusi Surcha for Partia Distal Station  Total DSEs 0.00  Gross Receipts Second Group \$ 0.00  DATE OF HUNDRED SIXTIETH SUBSCRIBER GROUP
DSE CALL SIGN DSE CALL SIGN DSE Base Rate and Syndica Exclusi Surcha for Partial Distal Station  O.00 Total DSEs O.00  Gross Receipts Second Group \$ 0.00  DNE HUNDRED SIXTIETH SUBSCRIBER GROUP
O.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
Syndica Exclusive Surchar for Partial Distar Station  0.00 Total DSEs
Exclusive Surchart for Partial Distart Station  O.00 Total DSEs O.00  Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
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0.00     Gross Receipts Second Group     \$     0.00       Base Rate Fee Second Group     \$     0.00   ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
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0.00       Gross Receipts Second Group       \$       0.00         0.00       Base Rate Fee Second Group       \$       0.00         ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
0.00     Gross Receipts Second Group     \$     0.00       Base Rate Fee Second Group     \$     0.00   ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
0.00     Gross Receipts Second Group     \$     0.00       Base Rate Fee Second Group     \$     0.00   ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
0.00     Gross Receipts Second Group     \$     0.00       Base Rate Fee Second Group     \$     0.00   ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
0.00 Base Rate Fee Second Group \$ 0.00  ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
<u> </u>
O COMMUNITY/ AREA O
DSE CALL SIGN DSE CALL SIGN DSE
0.00 Total DSEs 0.00
0.00         Total DSEs         0.00           Gross Receipts Fourth Group         \$ 0.00