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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/20/2020	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting	2020/1				
Period					
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine: If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable syster on the last day of to unting period.	em. he accounting period should st		332
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	WideOpenWest, Inc.				
	Wide Open West Mid-Michigan LLC				
				0148322020)1
				014832 2020/1	1
	7887 E. Belleview Ave., Ste. 500				
	Englewood, CO 80111-6007				
•	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	tem unless these	_
С	names already appear in space B. In line 2, give the mailing address of	f the system, if dif	ferent from the address giv	en in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or suite number)				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b	
Area	with all communities.	•	•	. 0	
Served	CITY OR TOWN	STATE			
First	Dimondale	МІ			
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	
Sample	Alda	MD	A	1	
	Alliance	MD	В	2	
	Gering	MD	В	3	

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

FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 014832 WideOpenWest, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identifcation hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# Dimondale MI AA First MI Alaiedon Twp AA Community MI **AB** Albion Albion Twp MI **AB** Athens MI **AB** Athens Twp MI AB See instructions for **Aurelius Twp** MI AA additional information on alphabetization. **Bath Twp** MI AA Bellevue MI AA **Bellevue Twp** MI AA **Benton Twp** MI AA Add rows as necessary. MI Berlin Twp AB MI **Boston Twp** AB (Saranac Housing) MI AB MI **Burlington Twp** AB Campbell Twp MI AB Carlton Twp MI **AB** Carmel Twp ΜI AA Charlotte ΜI AA Clarksville MI AB Concord MI AA Concord Twp MI AA ΜI Convis Twp AA Danby Twp MI AB MI Dansville AA Delhi Twp MI AA Eagle MI AD ΜI Eagle Twp AD (Capitol Crossings) MI AD **Eaton Rapids Twp** MI AA ΜI (Independence Commons) AA Eaton Twp MI AA **Eckford Twp** MI AB **Fowlerville** MI ΑE Fredonia Twp MI AB MI Freeport AB ΜI **Grass Lake** AA

MI

ΜI

AA

ΑE

Grass Lake Twp

Green Oak Twp

Handy Twp	MI	AE
Hanover	MI	AA
Hanover Twp	MI	AA
Hastings	MI	AB
Unoting Two	MI	AB
Hastings Twp		<mark></mark>
Henrietta Twp	MI	AA
Homer	MI	AB
Homer Twp	MI	AB
Hubbardston	MI	AB
		AA
Ingham Twp	MI	
Laingsburg	MI	AC
Lake Odessa	MI	AD
Lebanon Twp	MI	AB
Leroy Twp	MI	AA
Leslie		AA
	MI	
Leslie Twp	MI	AA
Liberty Twp	MI	AA
Lyons Twp	MI	AB
Marengo Twp	MI	AB
Marshall	MI	AB
wai 311all	· · · · · · · · · · · · · · · · · · ·	
Marshall Twp	MI	AB
Mason	MI	AA
Morrice	MI	AC
Mulliken	MI	AD
North Plains Twp	MI	AB
	· · · · · · · · · · · · · · · · · · ·	
Odessa Twp	MI	AD
Olivet	MI	AA
Oneida Twp	MI	AA
Onondaga Twp	MI	AA
(Sycamore Partnership)	MI	AA
Parma	MI	AA
Perry	MI	AC
Perry Perry Twp	MI	AC
Pewamo	MI	AB
Portland	MI	AB
Portland Twp	MI	AB
Potterville	MI	AA
Pulaski Twp	MI	AA
Roxand Twp	MI	AD
Sandstone Twp	MI	AA
Saranac	MI	AB
Sciota Twp	MI	AC
Sheridan Twp	MI	AB
Sherwood Twp	MI	AB
South Lyon	MI	AE
Brookdale Apts)	MI	AE
(Brookwood)	MI	AE
Pontrall Apts)	MI	AE
South Lyon Woods)	MI	AE
Woodland Ridge)	MI	AE
Spring Arbor Twp	MI	AA
Stockbridge	MI	AA
Stockbridge Twp	MI	AA
Sunfield	MI	AD
Sunfield Twp	MI	AD
Union City	MI	AB
Union Twp	MI	AB

Victor Twp	MI	AC	
(Dutch Hills MHP)	MI	AC	
Walton Twp	МІ	AA	
(Olivet College)	MI	AA	
Watertown Twp	МІ	AD	
Webberville	MI	AA	
Westphalia	MI	AD	
Westphalia Twp	MI	AD	
Wheatfield Twp	MI	AA	
Williamston	MI	AA	
Williamston Twp	MI	AA	
Windsor Twp	MI	AA	
Woodhull Twp	MI	AC	
(Morrice Meadows)	MI	AC	
Woodland Twp	MI	AD	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WideOpenWest, Inc.

SYSTEM ID#

014832

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK 1					BLOCK 2			
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:				П				
 Service to first set 	13,424	\$	57.75					
 Service to additional set(s) 								
• FM radio (if separate rate)				1 "				
Motel, hotel								
Commercial	198	\$	57.75					
Converter								
Residential	18,277	2.	.00-14.00	1 "				
Non-residential				1				
		†		11"				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	10.99-19.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial		Expanded Basic	\$ 79.45
Fire protection		• Pay cable		Digital	\$ 25.00
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	\$ 50.00	 Burglar protection 			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	\$ 40.00		
Converter		Disconnect	\$ 50.00		
		 Outlet relocation 	\$ 20.00		
		 Move to new address 	\$ 40.00		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014832 WideOpenWest, Inc. 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 th∈ station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WILX 10 Ν No Onondaga, MI WILX-2 10 N-M No Onondaga, MI See instructions for WILX-3 additional information 10 No N-M Onondaga, MI on alphabetization. WILX-5 10 N-M No Onondaga, MI WILX-simulcast 10 Ν Onondaga, MI No WKAR 33 Ε No East Lansing, MI WKAR-2 33 No E-M East Lansing, MI WKAR-3 33 E-M No East Lansing, MI WKAR-simulcast Ε 33 No East Lansing, MI WLAJ 14 Ν No Lansing, MI WLAJ-2 14 I-M No Lansing, MI WLAJ-simulcast 14 Ν No Lansing, MI WLNS 25 Ν No Lansing, MI WLNS-simulcast 25 Ν No Lansing, MI **WSYM** 38 I No Lansing, MI WSYM-2 38 I-M No Lansing, MI WSYM-4 38 I-M No Lansing, MI WSYM-simulcast 38 ı No Lansing, MI

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID	#		
WideOpenWes					01483	Namo		
PRIMARY TRANSMITT		ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specifc Fo Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the si planation of local serv Column 5: If you h cable system carried to carried the distant star For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these ti Column 6: Give th	CC rules, regular here in space only on a substand also in space and also in space only on a substand also in space only on a substand associated with a section of a substand a primary transismulcasts, also ree categories e location of a canadian static	ations, or auta General Sections of auta General Sections of a station are streams must be the station whether the section of the station whether the section whether the section of the station of the station of the station whether the section of the station of the section of the station of the station. Figure 1 and 1 an	horizations: st it in space I (to tation was carried itute basis station report origination coording to its orest be reported in thas assigned to tannel 4 in Was station is a network), "N-M" all educational), the general instructivice area, (i.e. of a caccounting per cause of lack of the general instruction at the station is a network) of the general instruction of the general or U.S. stations we the name of the station in the station in the general or U.S. stations we the name of the station in the	the Special States and both on a subsons, see page (v) on program service ver-the-air design column 1 (list ease the television station, D.C. This ork station, an in (for network multions located in the televisions located in the televisions located in the program of the television of the television of the television suctions located in the program of the television of	ment and Program Log)—if the stitute basis and also on some othe of the general instructions located ces such as HBO, ESPN, etc. Identify nation. For example, report multi itch stream separately; for example attion for broadcasting over-the-air in smay be different from the channe dependent station, or a noncommercial educational multicast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form (Yes". If not, enter "No". For an exhe paper SA3 form (s, stating the basis on which you entering "LAC" if your cable system or an association representing the paper SA3 form (so the paper SA3 form) of the paper SA3 form (so the paper SA3 form) of the paper SA3 form (so the paper SA3 form) is the station is licensed by the ith which the station is identified	Television		
,	<u> </u>	•	EL LINE-UP	•	<u>'</u>			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WZPX	44	I	No		Battle Creek, MI			
WZPX-simulcast	44		No		Battle Creek, MI	See instructions for additional information on alphabetization.		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WideOpenWest, Inc.

SYSTEM ID#
Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGVU	11	Е	No		Grand Rapids, MI
WKAR	33	Е	No		East Lansing, MI
WKAR-2	33	E-M	No		East Lansing, MI
WKAR-3	33	E-M	No		East Lansing, MI
WKAR-simulcast	33	E	No		East Lansing, MI
WLLA	45	I	No		Kalamazoo, MI
WOOD	34	N	No		Grand Rapids, MI
WOOD-2	34	N-M	No		Grand Rapids, MI
WOOD-3	34	I-M	No		Grand Rapids, MI
WOOD-simulcast	34	N	No		Grand Rapids, MI
WOTV	20	N	No		Battle Creek, MI
WOTV-2	20	N-M	No		Battle Creek, MI
WOTV-3	20	N-M	No		Battle Creek, MI
WOTV-simulcast	20	N	No		Battle Creek, MI
WWMT	8	N	No		Kalamazoo, MI
WWMT-2	8	I-M	No		Kalamazoo, MI
WWMT-3	8	I-M	No		Kalamazoo, MI
WWMT-simulcast	8	N	No		Kalamazoo, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WideOpenWest, Inc.

SYSTEM ID#
Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	_
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WXMI	23	I	No		Grand Rapids, MI
WXMI-2	23	I-M	No		Grand Rapids, MI
WXMI-3	23	I-M	No		Grand Rapids, MI
WXMI-simulcast	23	I	No		Grand Rapids, MI
WXSP	15	I	No		Grand Rapids, MI
WXSP-2	15	I-M	No		Grand Rapids, MI
WXSP-3	15	I-M	No		Grand Rapids, MI
WXSP-simulcast	15	I	No		Grand Rapids, MI
WZPX	44	I	No		Battle Creek, MI
WZPX-simulcast	44	I	No		Battle Creek, MI
WZZM	13	N	No		Grand Rapids, MI
WZZM-2	13	N-M	No		Grand Rapids, MI
WZZM-3	13	N-M	No		Grand Rapids, MI
	13	N	No		Grand Rapids, MI

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS TELEVISION		
WideOpenWest, Inc.	014832	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	M =
FORM SASE, FAGE 3.		

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAQP	36	I	No		Saginaw, MI
WILX	10	N	No		Onondaga, MI
WILX-2	10	N-M	No		Onondaga, MI
WILX-3	10	N-M	No		Onondaga, MI
WILX-5	10	N-M	No		Onondaga, MI
WILX-simulcast	10	N	No		Onondaga, MI
WKAR	33	Е	No		East Lansing, MI
WKAR-2	33	Е-М	No		East Lansing, MI
WKAR-3	33	Е-М	No		East Lansing, MI
WKAR-simulcast	33	Е	No		East Lansing, MI
WLAJ	14	N	No		Lansing, MI
WLAJ-2	14	I-M	No		Lansing, MI
WLAJ-simulcast	14	N	No		Lansing, MI
WLNS	25	N	No		Lansing, MI
WLNS-simulcast	25	N	No		Lansing, MI
WSMH	16	I	No		Flint, MI
WSMH-3	16	I-M	No		Flint, MI
WSMH-4	16	I-M	No		Flint, MI

G

Primary Transmitters: Television

WideOpenWest, Inc. 01483	2 Name
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID	
TORW GAGE. LAGE 0.	

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WSMH-simulcast	16	I	No		Flint, MI
WZPX	44	I	No		Battle Creek, MI
WZPX-simulcast	44	I	No		Battle Creek, MI
	•				

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WideOpenWest, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGVU	11	E	No		Grand Rapids, MI
WILX	10	N	No		Onondaga, MI
WILX-2	10	N-M	No		Onondaga, MI
WILX-3	10	N-M	No		Onondaga, MI
WILX-5	10	N-M	No		Onondaga, MI
WILX-simulcast	10	N	No		Onondaga, MI
WKAR	33	Е	No		East Lansing, MI
WKAR-2	33	E-M	No		East Lansing, MI
WKAR-3	33	E-M	No		East Lansing, MI
WKAR-simulcast	33	E	No		East Lansing, MI
WLAJ	14	N	No		Lansing, MI
WLAJ-2	14	I-M	No		Lansing, MI
WLAJ-simulcast	14	N	No		Lansing, MI
WLLA	45	I	No		Kalamazoo, MI
WLNS	25	N	No		Lansing, MI
WLNS-simulcast	25	N	No		Lansing, MI
WSYM	38	I	No		Lansing, MI
WSYM-2	38	I-M	No		Lansing, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: WideOpenWest, Inc.	SYSTEM ID# 014832	Name
PRIMARY TRANSMITTERS: TELEVISION		

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)
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Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WSYM-4	38	I-M	No		Lansing, MI	
WSYM-simulcast	38	I	No		Lansing, MI	
WZPX	44	I	No		Battle Creek, MI	
WZPX-simulcast	44	I	No		Battle Creek, MI	
	•					
	•					

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WideOpenWest, Inc.

SYSTEM ID#
Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

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		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
CBET	9	I	No		Windsor, CAN
WADL	39	I	No		Mount Clemens, MI
WADL-simulcast	39	I	No		Mount Clemens, MI
WDIV	45	N	No		Detroit, MI
WDIV-2	45	N-M	No		Detroit, MI
WDIV-3	45	N-M	No		Detroit, MI
WDIV-4	45	N-M	No		Detroit, MI
WDIV-simulcast	45	N	No		Detroit, MI
WJBK	7	I	No		Detroit, MI
WJBK-2	7	I-M	No		Detroit, MI
WJBK-3	7	I-M	No		Detroit, MI
WJBK-simulcast	7	I	No		Detroit, MI
WKBD	34	I	No		Detroit, MI
WKBD-2	34	I-M	No		Detroit, MI
WKBD-3	34	I-M	No		Detroit, MI
WKBD-simulcast	34	I	No		Detroit, MI
WMYD	21	I	No		Detroit, MI
WMYD-2	21	I-M	No		Detroit, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WideOpenWest, Inc.

SYSTEM ID#
Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

SIGN CHANNEL NUMBER WMYD-simulcast 21 WPXD 24 WPXD-simulcast 24 WTVS 20 WTVS-2 20 WTVS-3 20 WTVS-simulcast 20 WWJ 44	3. TYPE OF STATION I I E E-M E-M	4. DISTANT? (Yes or No) No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION Detroit, MI Ann Arbor, MI Ann Arbor, MI Detroit, MI Detroit, MI
WPXD 24 WPXD-simulcast 24 WTVS 20 WTVS-2 20 WTVS-3 20 WTVS-simulcast 20 WWJ 44	E-M	No No No No		Ann Arbor, MI Ann Arbor, MI Detroit, MI
WPXD-simulcast 24 WTVS 20 WTVS-2 20 WTVS-3 20 WTVS-simulcast 20 WWJ 44	E-M	No No No		Ann Arbor, MI Detroit, MI
WTVS 20 WTVS-2 20 WTVS-3 20 WTVS-simulcast 20 WWJ 44	E-M	No No		Ann Arbor, MI Detroit, MI
WTVS-2 20 WTVS-3 20 WTVS-simulcast 20 WWJ 44	E-M	No		
WTVS-3 20 WTVS-simulcast 20 WWJ 44				Detroit, MI
WTVS-simulcast 20 WWJ 44	E-M	No		
WWJ 44		INO		Detroit, MI
<u> </u>	Е	No		Detroit, MI
	N	No		Detroit, MI
WWJ-2 44	N-M	No		Detroit, MI
WWJ-simulcast 44	N	No		Detroit, MI
WXYZ 41	N	No		Detroit, MI
WXYZ-2 41	N-M	No		Detroit, MI
WXYZ-simulcast 41	N	No		Detroit, MI

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WideOpenWest, Inc. 014832 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

						Accounting	1 EMOD: 2020/1
WideOpenWest, Inc.	CABLE SYST	EM:			S	014832	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LOC	3			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBSI	ITUTE CARRIAGE				Carriage:
During the accounting per				is, any nonne	etwork television prograr	n	Special Statement and
broadcast by a distant sta		·	·	•		X No	Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	nust complete the progra	m	
log in block 2.	DDOODA	мс					
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant statigulations, cution. Do no Lucy" or "NE m was broad sign of the sadcast statich and day we "5/7." es when the Example: a er "R" if the and regulation of gramming	am on a separa attach addition nnetwork televion and that your authorization at use general of the station broadca on's location (the system of the system o	al pages. rision program (substitute pour cable system substitute is. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the stem carried the substitute or gram was carried by your lied by a system from 6:01:	program) that ad for the pro- neral instructi r "basketball" No." am. station is lice station is ide program. Use cable system 15 p.m. to 6: amming that t; enter the le	t, during the accounting gramming of another state ons located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the more numerals, with the more 28:30 p.m. should be your system was require etter "P" if the listed pro	tion nth ly	
					EN SUBSTITUTE	7. REASON	
	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH			
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	6. TIMES FROM — TO	DELETION	
					_		
					_		
					_		
					_		
					<u> </u>		
					<u> </u>		
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					_		
					_		

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WideOpenWest, Inc. SYSTEM ID#										
J Part-Time Carriage Log	1 Icolumn 6 of enace (2									ne	
			DATE	ES	AND HOURS (OF F	PART-TIME CAF	RRIAGE			
	CALL SIGN	WHEN	I CARRIAGE OC	CU	RRED		CALL SIGN	WHEN CARRIAGE OCCU			RRED
	CALL SIGN	DATE	HOI FROM	UR	S TO		CALL SIGN	DATE	H FROM	OUR	S TO
		BATE	-		10			BATTE	1110111	_	10
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LEGA	SA3E. PAGE 7. L NAME OF OWNER OF CABLE SYSTEM: leOpenWest, Inc.		SYSTEM ID# 014832	Name
Inst all a (as i page	DSS 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 secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary transmis ompute this am	sion service ount, see 3,872,432.70	K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of	f gross receipts)	
InstruComComIf yo fee fIf yo accord	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. aplete block 2, showing whether your system carried any distant television stations. Use system did not carry any distant television stations, leave block 3 blank. Enter the analysis of the complete the total royalty fee. Use system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.	rts of the DSE	Schedule	Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on line	e 1 of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e low.	entered on line 2	2 in block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount show block 4 below.	uld be entered o	on line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	•		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	3,872,432.70	
	Enter the result here.			
	This is your minimum fee.	\$	41,202.68	
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. IX No—Leave block 3 below blank and column to the part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	nn 4, you must o	check	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	\$	41,202.68	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	41,927.68	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Signeral instructions located in the paper SA3 form for more information.)	See page (i) of	the	

ACCOUNTING PERIOD: 2020/1
FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WideOpenWest, Inc. SYSTEM 0148							
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. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels							
	on which the cable system carried television broadcast stations and nonbroadcast services							
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 Jim Waechter Telephone 720-479-3527							
	Address 7887 E. Belleview Ave., Suite 500 (Number, street, rural route, apartment, or suite number) Englewood, CO 80111 (City, town, state, zip)							
	Email Jim.Waechter@wowinc.com Fax (optional)							
O Certification	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) • 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 identified 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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system							
	in line 1 of space B. • 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)]							
	/s/ Shannon Campain 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 press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: Shannon Campain							
	Title: Chief Commercial Officer (Title of official position held in corporation or partnership)							
	Date: August 20, 2020							

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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in 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 land.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name				
WideOpenWest, Inc. 014832	Name				
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross Receipts				
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions					
made by satellite carriers to satellite dish owners? X NO					
YES. Enter the total here and list the satellite carrier(s) below					
Name Mailing Address Name Mailing Address					
INTEREST ASSESSMENTS					
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q				
Line 1 Enter the amount of late payment or underpayment	Interest Assessment				
Line 2 Multiply line 1 by the interest rate* and enter the sum here					
Line 3 Multiply line 2 by the number of days late and enter the sum here					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.					
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.					
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.					
Owner Address					
First community served					
Accounting period ID number					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

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

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

0.330% of gross receipts

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

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

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

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

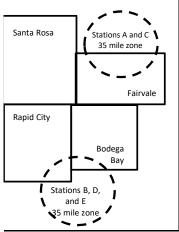
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384.00

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

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

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

ACCOUNTING PERIOD: 2020/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAG	SE TT. (CONTINUED)								
4	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:			S'	YSTEM ID#			
1	WideOpenWest, Inc.					014832			
	SUM OF DSEs OF CATEGO	DV "O" CTATIO	NC.			1			
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 0.00								
	Enter the 3dm here and in link	c i oi pait o oi tiii	3 3011cduic.		0.00				
	Instructions:								
2	In the column headed "Call	Sign": list the ca	ıll signs of all distant statio	ns identified by the	e letter "O" in column 5				
	of space G (page 3).			DE #4.00 F					
Computation	In the column headed "DSE			SE as "1.0"; for ea	ch network or noncom-				
of DSEs for	mercial educational station, g	ive the DSE as		NO DOE-					
Category "O"	0411 01011	DOE	CATEGORY "O" STATIO		0.411.010.11	D0E			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									
				<u></u>					
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I		lk	
I	k	I	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WideOpenWest, Inc. 014832 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. Computation Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. of DSEs for 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 **Stations** be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Carried Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to 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 Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 5. TYPE 1 CALL 2. NUMBER 3. NUMBER 4 BASIS OF 6. DSE OF HOURS SIGN OF HOURS **CARRIAGE VALUE CARRIED BY STATION VALUE** SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: 4 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regular-tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-**Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE OF DAYS SIGN SIGN OF OF DAYS **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, 0.00 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 5 number of DSEs applicable to your system. 0.00 1. Number of DSEs from part 2 ● **Total Number** of DSEs 2. Number of DSEs from part 3 ● 0.00 0.00 3. Number of DSEs from part 4 • TOTAL NUMBER OF DSEs 0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/1

EGAL NAME OF C	OWNER OF CABLES	SYSTEM:					S'	YSTEM ID# 014832	Name
n block A: If your answer if schedule.	ck A must be comp	mainder of p	•	of the DSE sched	lule blank and	d complete part	8, (page 16) of the	9	6
• If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS								Computation o	
effect on June 24, Yes—Com	m located wholly or , 1981? nplete part 8 of the plete blocks B and	utside of all n	najor and smal	er markets as defii	ned under se		CC rules and regul	ations in	3.75 Fee
		BLO	CK B: CARF	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations e DSE Scheo	ns prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanat	tion of permitte	d stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre	eles and reguled pursuant to on as defined al educational distation (76.6 r DSE sched ant to individu viously carrie IHF station w	ations cited be of the FCC marks in 76.5(kk) (70 all station [76.58] (55) (see paragiule). It is a waiver of FC d on a part-tim ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on .57, 76.59(b))(1), 76.63(a) 3(a) referring stitution of gr is prior to Jur	June 24, 1981 , 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			orksheet on page 1	4 of 3. DSE	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			ur-		
ine 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
	line 2 from line 1 leave lines 4–7 b			,		rate.		0.00	
ine 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply l	ine 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted carriage?
ine 6: Enter tot	al number of DSE	Es from line	3					<u>-</u>	If yes, see part 9 instructions.
ine 7: Multiply I	ine 6 by line 5 an	nd enter here	e and on line	2, block 3, space	L (page 7)			0.00	

ACCOUNTING PERIOD: 2020/1

Name	WideOpenWes		SYSTEM:						S	YSTEM ID# 014832
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections									
		PERMITT	ED DSE FOR S	TATIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRI		CCOUNTING		4. BASIS OF		RESENT	6. P	ERMITTED
	SIGN	DSE		PERIOD		CARRIAGE	I	DSE		DSE
					ļ					
					·}·····					
					ļ					
					ļ					
					ļ					
					·}·····					
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.									
Syndicated			BLO	CK A: MAJOR	TE	ELEVISION MARK	ET			
Exclusivity Surcharge	Is any portion of the or	cable system v	vithin a top 100 m	najor television mai	rket	as defned by section 7	6.5 of FCC	rules in effect J	une 24, 1	1981?
_	X Yes—Complete	blocks B and	IC.			No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHI	-/Grade B Conto	our Stations		BLOCK	(C: Compu	itation of Exem	pt DSEs	3
	Is any station listed in commercial VHF stati or in part, over the ca	ion that place				Was any station listed nity served by the cab to former FCC rule 76	le system p			
	Yes—List each s X No—Enter zero a		th its appropriate p part 8.	permitted DSE		Yes—List each st X No—Enter zero a			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE	ا ر	CALL SIGN	DSE	CALL SIG	SN	DSE
					$\ \ $					
					$\ \ $					
			TOTAL - 51	0.00	$\ \ $			TOT :::::::::::::::::::::::::::::::::::) F.	0.00
			TOTAL DSEs	0.00	1			TOTAL DS	iES .	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WideOpenWest, Inc. SYSTEM ID# 014832	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? X Yes—Complete section 3 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? \(\text{\fix} \) No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	_
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	-
Section 4a	☐ Yes—Complete part 9 of this schedule. ▼ No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name		me of owner of cable system: WideOpenWest, Inc. 01	M ID# 14832				
Computation of the Syndicated Exclusivity Surcharge	Section 4b	WideOpenWest, Inc. If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	14832				
8	You m	Syndicated Exclusivity Surcharge. \$	<u></u>				
Computation of Base Rate Fee	 In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave b 						
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS					
	• Did y	rour cable system retransmit the signals of any partially distant television stations during the accounting period?					
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.					
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE					
	1	Enter the amount of gross receipts from space K (page 7)					
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)					
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.					
		A. Enter 0.01064 of gross receipts (the amount in section 1)					
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 27,145.75					
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here					
		D. Multiply line B by line C and enter here					
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)					
		Base Rate Fee	<u>- </u> .				

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/1

LEGAL N	ANS OF CANEED OF CARLE OVERTEN	21/2==11/15	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 014832	Name
wide	OpenWest, Inc.	014632	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
7	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) >		
	B. Enter 0.00701 of gross receipts		
	(the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) <u>\$</u>		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here >		
	G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee	0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro		
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multi _l Space G.	Die channei line-	9
I -	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat	e fee, to exclude	Computation
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation of
this ex	clusion, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Detern and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exemp		Partially
	lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A er, if your cable system is wholly located outside all major television markets, complete block A only.	\ and B below.	Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
1 .	: For each community served, determine the local service area of each wholly distant and each partially distan	t station you	Stations
	to that community.		
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the ne token, the station is distant to the subscriber.)		
_	: Divide your subscribers into subscriber groups according to the complement of stations to which they are dis		
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
_	Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups.	system's	
In each	section:		
	fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant bers in the group.	to all of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav of this schedule; or,	e it in parts 2, 3,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i 6 of this schedule.	t in block B,	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general space says form.	eral instructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber grou for that group's complement of stations and total gross receipts from the subscribers in that group). You do no citual calculations on the form.	p (that is, the total	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST	EM ID
Name		1483
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.	
	and the state of the decondation representing the printing transmitter.	

LEGAL NAME OF OWNE WideOpenWest, Ir		E SYSTEM:				S'	YSTEM ID# 014832	Name
E		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
		-						Distant
								Stations
		•						
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	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GROU	0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	P 0	
COMMONT I/ AKLA				COMMONT I/ AIREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	s	0.00	Gross Receipts Fourth	Group	\$	0.00	
2.335 Rossipto Tilla C	544	· ·		S. 555 Proscipto Pourti	Sioup	<u>*</u>		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			ber group a	as shown in the boxes ab	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

LEGAL NAME OF OWNE WideOpenWest, In		E SYSTEM:		milica 5.75 Ola		S	014832	Name	
В				TE FEES FOR EACH					
COMMUNITY/ AREA	FIRST	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	SECOND SUBSCRIBER GROUP COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate F	
		-				-		and	
		_						Syndicated	
								Exclusivity Surcharge	
		<u> </u>						for	
		_				-		Partially	
		-						Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00		
	THIRD	SUBSCRIBER GRO			FOURTH	SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		+				-			
		-							
		H				+			
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes a	above.	\$	0.00		
	, .,, •								