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.

OFFICE USE ONLY
AMOUNT
\$
ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting	2020/1				
Period					
B Owner	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 nunting period.	em. he accounting period should st		34166
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Armstrong Utilities, Inc.				
				34166	320201
				34166	2020/1
	One Armstrong Place				
	Butler, PA 16001				
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	stem unless	these
С	names already appear in space B. In line 2, give the mailing address of	of the system, if di	ferent from the address giv	en in space	∌ B.
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	Zelienople Head End				
	MAILING ADDRESS OF CABLE SYSTEM:				
	531 Perry Way PO Box 40 2 (Number, street, rural route, apartment, or suite number)				
	Zelienople, PA 16063				
	(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	e 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	ZELIENOPLE BORO - BUTLER COUNTY	PA			
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB (GRP#
Sample	Alda	MD	A		1
	Alliance	MD	В		2
	Gering	MD	В	3	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 sufficiency of the fling, a determination that would be made by a court of law.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define 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 forn Area of system identification 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 parenthese: 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 station 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 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 STATE CH LINE UP SUB GRP# CITY OR TOWN **ZELIENOPLE BORO - BUTLER COUNTY** PA 12 ΑL **First ADAMS TWP - BUTLER COUNTY** PA 12 AL Community **ALLEGHENY TWP - BUTLER COUNTY** 19 РΔ AQ PA 15 AO **ALLEGHENY TWP - FOREST COUNTY ALLENPORT BORO - WASHINGTON COUNTY** PA 9 ΑI PA **ALTHOM - WARREN COUNTY** 16 AO See instructions for **AMITY TOWNSHIP - ERIE COUNTY** PA 27 AT additional information on alphabetization. **ANDOVER TWP - ASHTABULA COUNTY** OH 6 ΑF ANDOVER VILLAGE - ASHTABULA COUNTY OH 6 AF **ATHALIA BORO - LAWRENCE COUNTY** ОН 13 ΑM 23 ATHENS TOWNSHIP - CRAWFORD COUNTY PA AS Add rows as necessary. 18 ΑP **AUSTINTOWN TWP - MAHONING COUNTY** OH **BAUGHMAN TWP - WAYNE COUNTY** OH 11 AK AP **BEAVER TWP - MAHONING COUNTY** OH 17 **BERLIN TWP - MAHONING COUNTY** OH 18 AΡ PA 12 ΑL **BIG BEAVER BORO - BEAVER COUNTY BLOOMING GROVE TWP - RICHLAND COUNTY** OH 12 ΑN AS **BLOOMING VALLEY BORO - CRAWFORD COUNTY** PA 14 ΑP **BOARDMAN TWP - MAHONING COUNTY** OH 23 **BOONE COUNTY - LINCOLN COUNTY** wv 17 AΗ **BORO OF BARKEYVILLE - VENANGO COUNTY** 8 PA AQ **BORO OF CALIFORNIA - WASHINGTON COUNTY** PA 20 ΑI AT PA 9 **BORO OF CAMBRIDGE SPRINGS - CRAWFORD COUNT** 27 **BORO OF ELLWOOD CITY - LAWRENCE COUNTY** PA AL **BOROUGH OF EDINBORO - ERIE COUNTY** PA 12 AT **BOROUGH OF TOWNVILLE - CRAWFORD COUNTY** PA 27 ΑT **BOROUGH OF VENANGO - CRAWFORD COUNTY** PA 27 ΑT **BOROUGH OF WOODCOCK - CRAWFORD COUNTY** 27 PA AT **BOYD COUNTY - BOYD COUNTY** KY 13 AM **BRADFORDWOODS BORO - ALLEGHENY COUNTY** PA 12 AL **BRADY TWP - BUTLER COUNTY** PA 12 AL **BRADY TWP - BUTLER COUNTY** PA 19 AQ **BRADYS BEND TWP - ARMSTRONG COUNT** PA 12 AL wv 8 **BRANCH - LINCOLN COUNTY** AΗ **BRIGHTON TWP - LORAIN COUNTY** OH 14 AN **BROKENSTRAW TWP - WARREN COUNTY** PΑ 16 AO 14 ΑN **BROWNHELM TWP - LORAIN COUNTY** OH **BRUIN BORO - BUTLER COUNTY** 12 PA AL 10 **BRUNSWICK HILLS TWP - MEDINA COUNTY** OH AJ **BUFFALO TWP - BUTLER COUNTY** PA 12 AL **BULLSKIN TWP - FAYETTE COUNTY** 9 PA ΑI **BUTLER CITY - BUTLER COUNTY** 12 PA AL **BUTLER TWP - BUTLER COUNTY** PA 12 AL

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define 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 forn Area of system identification 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 parenthese: 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 station 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 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 CH LINE UP SUB GRP# CITY OR TOWN STATE **BUTLER TWP - RICHLAND COUNTY** ОН 14 ΑN **First CABELL COUNTY - CABELL COUNTY** W۷ 8 AΗ Community **CALLENSBURG - CLARION COUNTY** 12 РΔ AL 12 AL **CALLERY BORO - BUTLER COUNTY** PA **CAMBRIDGE TWP - CRAWFORD COUNTY** PA 23 AS 14 **CAMDEN TWP - LORAIN COUNTY** OH AN See instructions for **CANAAN TWP - WAYNE COUNTY** OH 14 AN additional information on alphabetization. **CANAL TWP - VENANGO COUNTY** PA 26 AS **CANFIELD TWP - MAHONING COUNTY** OH 17 AP **CASS TWP - RICHLAND COUNTY** OH 14 ΑN **CENTER TWP - BUTLER COUNTY** 12 PA AL Add rows as necessary. **CENTERVILLE BORO - CRAWFORD COUNTY** PA 16 AO **CENTERVILLE BORO - WASHINGTON COUNTY** PA 9 ΑI **CHATAM TWP - MEDINA COUNTY** OH 14 AN **CHERRY TWP - BUTLER COUNTY** PA 12 AL 19 AQ **CHERRY TWP - BUTLER COUNTY** PA **CHERRYTREE - VENANGO COUNTY** 15 AO PA **CHESAPEAKE VILLAGE - LAWRENCE COUNTY** OH 13 AM **CHESTER TWP - WAYNE COUNTY** OH 14 AN 12 **CHICORA BORO - BUTLER COUNTY** PA AL 11 **CHIPPEWA TWP - WAYNE COUNTY** OH ΑK **CITY OF ASHLAND - ASHLAND COUNTY** 14 ΑN OH AP CITY OF CAMPBELL - MAHONING COUNTY OH 17 AP **CITY OF CANFIELD - MAHONING COUNTY** OH 18 CITY OF CATLETTSBURG - BOYD COUNTY KY 13 AM WV 13 **CITY OF CEREDO - WAYNE COUNTY** AM CITY OF CONNELLSVILLE - FAYETTE COUNTY PA 9 ΑI **CITY OF FLATWOODS - GREENUP COUNTY** KY 1 AA **CITY OF GREENUP - GREENUP COUNTY** KY AA CITY OF KECKSBURG - WESTMORELAND COUNTY PA ΑI **CITY OF KENOVA - WAYNE COUNTY** wv 13 AM CITY OF MEADVILLE - CRAWFORD COUNTY PA 23 AS **CITY OF WURTLAND - GREENUP COUNTY** KY AA 1 **CLARKSFIELD TWP - HURON COUNTY** OH 14 ΑN **CLAY TWP - BUTLER COUNTY** PA 12 AL **CLAY TWP - BUTLER COUNTY** 19 РΔ AQ 14 ΑN **CLEAR CREEK TWP - ASHLAND COUNTY** OH **CLEARFIELD TWP - BUTLER COUNTY** 12 PA AL **CLINTON TWP - BUTLER COUNTY** 12 AL PA PA **CLINTON TWP - VENANGO COUNTY** 20 AQ **CLINTONVILLE BORO - VENANGO COUNTY** PA 20 AQ **COAL CENTER BORO - WASHINGTON COUNTY** 9 PA ΑI **COCHRANTON BORO - CRAWFORD COUNTY** PA 23 AS

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define 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 forn Area of system identification 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 parenthese: 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 station 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 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 STATE CH LINE UP SUB GRP# CITY OR TOWN **COITSVILLE TWP - MAHONING COUNTY** ОН 17 ΑP **First COLUMBIA TWP - LORAIN COUNTY** OH 10 ΑJ Community **CONCORD TWP - BUTLER COUNTY** РΔ 12 AL 28 ΑV CONGRESS TOWNSHIP - MORROW COUNTY OH **CONGRESS TWP - WAYNE COUNTY** OH 14 AN **CONNEAUT LAKE BORO - CRAWFORD COUNTY** PA 23 AS See instructions for **CONNEAUT TWP - CRAWFORD COUNTY** PA 23 AS additional information on alphabetization. **CONNELLSVILLE TWP - FAYETTE COUNTY** PA 9 ΑI **CONNOQUENESSING BORO - BUTLER COUNTY** PA 12 AL **CONNOQUENESSING TWP - BUTLER COUNTY** PA 12 ΑL **COOLSPRING TWP - MERCER COUNTY** 22 AR PA Add rows as necessary. **COOPERSTOWN BORO - VENANGO COUNTY** 26 PA AS **CORNPLANTER TWP - VENANGO COUNTY** PA 15 AO **CRANBERRY TWP - BUTLER COUNTY** PA 12 AL **CRANBERRY TWP - VENANGO COUNTY** PA 4 AD **CROWN CITY BORO - GALLIA COUNTY** ОН 13 ΑM **CUSSEWAGO TWP - CRAWFORD COUNTY** 23 AS PA ΑK **DALTON VILLAGE - WAYNE COUNTY** OH 11 **DAUGHERTY TWP - BEAVER COUNTY** PA 12 AL **DEER CREEK TWP - MERCER COUNTY** 21 AR PA **DEERFIELD TWP - WARREN COUNTY** PA 16 AO DODDRIDGE COUNTY - DODDRIDGE COUNTY wv 7 AG **DONEGAL TWP - BUTLER COUNTY** PA 12 AL DONEGAL TWP - WESTMORELAND COUNTY PA 9 ΑI **DUNBAR BORO - FAYETTE COUNTY** PA ΑI 9 ΑI **DUNBAR TWP - FAYETTE COUNTY** PA **DUNLEVY BORO - WASHINGTON COUNTY** PA 9 ΑI 12 **EAST BRADY BORO - CLARION COUNTY** PA AL **EAST BUTLER BORO - BUTLER COUNTY** PA 12 AL **EAST FAIRFIELD TWP - CRAWFORD COUNTY** PA 23 AS EAST FALLOWFIELD TWP - CRAWFORD COUNTY PA 23 AS **EAST HUNTINGDON TWP - WESTMORELAND COUNT** PA 23 ΑI 9 **EAST LACKAWANOCK TWP - MERCER COUNTY** PA AR AS 22 **EAST MEAD TWP - CRAWFORD COUNTY** PA 23 **EAST UNION TWP - WAYNE COUNTY** OH ΑK **EAU CLAIRE - BUTLER COUNTY** 11 PA AQ 19 **ELCO BORO - WASHINGTON COUNTY** PA ΑI **ELK CREEK TOWNSHIP - ERIE COUNTY** PA 9 ΑT **ELLPORT BORO - LAWRENCE COUNTY** 27 AL PA ΑP **ELLSWORTH TWP - MAHONING COUNTY** OH 12 **EVANS CITY BORO - BUTLER COUNTY** 18 PA AL **EVERSON BORO - FAYETTE COUNTY** 9 PA ΑI **FAIRFIELD TWP - CRAWFORD COUNTY** PA 23 AS

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define 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 forn Area of system identification 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 parenthese: 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 station 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 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 CH LINE UP SUB GRP# CITY OR TOWN STATE **FAIRVIEW BORO - BUTLER COUNTY** PA 12 ΑL **First FAIRVIEW TWP - BUTLER COUNTY** PA 12 AL Community **FAIRVIEW TWP - MERCER COUNTY** 21 РΔ AR **FARMINGTON - CLARION COUNTY** PA 4 AD **FAYETTE TWP - LAWRENCE COUNTY** OH 13 AM FINDLEY TWP - MERCER COUNTY PA 22 AR See instructions for FLORENCE TWP - HURON COUNTY OH 14 AN additional information on alphabetization. FORWARD TWP - BUTLER COUNTY PA 12 ΑL FRANKLIN TOWNSHIP - ERIE COUNTY PA 27 ΑT FRANKLIN TOWNSHIP - MORROW COUNTY OH 28 ΑV 12 FRANKLIN TWP - BEAVER COUNTY PA AL Add rows as necessary. FRANKLIN TWP - BUTLER COUNTY PA 12 AL 9 FRANKLIN TWP - FAYETTE COUNTY PA ΑI FRANKLIN TWP - RICHLAND COUNTY OH 14 AN PA 25 AS FRENCHCREEK - MERCER COUNTY ОН 28 A۷ **GILEAD TOWNSHIOP - MORROW COUNT** 18 ΑP **GOSHEN TWP - MAHONING COUNTY** OH **GRAFTON TWP - LORAIN COUNTY** OH 10 ΑJ **GRANGER TWP - MEDINA COUNTY** OH 10 ΑJ 14 **GREEN TWP - ASHLAND COUNTY** OH ΑN **GREEN TWP - FOREST COUNTY** PA 4 AD **GREEN TWP - MAHONING COUNTY** OH 17 AΡ AT 27 **GREENE TOWNSHIP - ERIE COUNTY** PA **GREENE TWP - MERCER COUNTY** PA 24 AS **GREENE TWP - WAYNE COUNTY** OH 11 ΑK 27 **GREENFIELD TOWNSHIP - ERIE COUNTY** PA ΑT **GREENUP COUNTY - GREENUP COUNTY** ΚY AA 23 **GREENWOOD TWP - CRAWFORD COUNTY** PA AS **GROVE CITY BORO - MERCER COUNTY** PA 22 AR **GUILFORD TWP - MEDINA COUNTY** OH 10 ΑJ **GUYAN TWP - GALLIA COUNTY** OH 13 AM **HAMPTON TWP - ALLEGHENY COUNTY** PA 12 AL HANOVER TOWNSHIP - ASHLAND COUNTY OH 14 AN HARBORCREEK TOWNSHIP - ERIE COUNTY PA 27 AT HARMONY BORO - BUTLER COUNTY PA 12 AL HARMONY TWP - FOREST COUNTY 15 PA AO 19 HARRISVILLE BORO - BUTLER COUNTY PA AQ ОН 14 HARRISVILLE TWP - MEDINA COUNTY ΑN **HAYESVILLE VILLAGE - ASHLAND COUNTY** OH 14 AN **HAYFIELD TWP - CRAWFORD COUNTY** 23 AS PA **HENRIETTA TWP - LORAIN COUNTY** OH 14 ΑN **HENRY'S BEND - VENANGO COUNTY** 15 PA AO **HICKORY TWP - FOREST COUNTY** PA 15 AO

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define 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 forn Area of system identification 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 parenthese: 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 station 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 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 CH LINE UP SUB GRP# CITY OR TOWN STATE **HOMER TWP - MEDINA COUNTY** ОН 14 ΑN **First HOMEWOOD BORO - BEAVER COUNTY** PA 12 AL Community AΡ **HUBBARD TWP - TRUMBULL COUNTY** OH 18 14 **HUNTINGTON TWP - LORAIN COUNTY** OH AN **HYDETOWN - CRAWFORD COUNTY** PA 16 AO **IRWIN TWP - VENANGO COUNTY** PA 20 AQ See instructions for JACKSON CENTER - MERCER COUNTY PA 2 AB additional information on alphabetization. **JACKSON TWP - ASHLAND COUNTY** OH 14 ΑN **JACKSON TWP - BUTLER COUNTY** PA 12 AL **JACKSON TWP - MAHONING COUNTY** OH 18 AΡ 2 **JACKSON TWP - MERCER COUNTY** PA AΒ Add rows as necessary. 22 JACKSON TWP - MERCER COUNTY PA AR 14 JACKSON TWP - RICHLAND COUNTY OH AN JACKSON TWP - VENANGO COUNTY PA 26 AS JAMESTOWN - MERCER COUNTY PA 24 AS 12 ΑL JEFFERSON TWP - BUTLER COUNTY PA JEFFERSON TWP - FAYETTE COUNTY 9 ΑI PA 3 AC JEFFERSON TWP - SOMERSET COUNTY PA JENKS TWP - FOREST COUNTY PA AD KARNS CITY BORO - BUTLER COUNTY 12 PA AL 8 **KIASHVILLE - WAYNE COUNTY** W۷ AΗ KINSMAN - TRUMBULL COUNTY COUNTY OH 5 ΑE 5 **KIPTON VILLAGE - LORAIN COUNTY** OH ΑN **KNOX TWP - CLARION COUNTY** PA 14 AD **KOPPEL BORO - BEAVER COUNTY** РΔ AL 12 **LAFAYETTE TWP - MEDINA COUNTY** OH ΑJ **LAFAYETTE TWP - MEDINA COUNTY** ОН 10 ΑN **LAGRANGE TOWNSHIP - LORAIN COUNTY** OH 14 AJ LAKE TOWNSHIP - HOLMES COUNTY OH 10 ΑN LAKE TOWNSHIP - MERCER COUNTY PA 14 AΒ **LANCASTER TWP - BUTLER COUNTY** PA 2 AL LAWRENCE TWP - LAWRENCE COUNTY OH 12 AM LE BOEUF TWP - ERIE COUNTY PA 23 AS ΑT 27 LEBOEUF TOWNSHIP - ERIE COUNTY PA **LEEPER - CLARION COUNTY** PA AD LIBERTY TWP - MERCER COUNTY 22 AR PA 12 **LICKING - CLARION COUNTY** PA AL **LIMESTONE TWP - WARREN COUNTY** 16 ΑO PA wv **LINCOLN COUNTY - LINCOLN COUNTY** 8 AH 3 **LINCOLN TWP - SOMERSET COUNTY** AC PA 23 LINESVILLE BORO - CRAWFORD COUNTY PA AS LITCHFIELD TWP - MEDINA COUNTY 10 OH ΑJ LIVERPOOL TWP - MEDINA COUNTY OH 10 ΑJ

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define 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 forn Area of system identification 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 parenthese: 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 station 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 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 CH LINE UP SUB GRP# STATE **LOGAN COUNTY - LOGAN COUNTY** WV AΗ **First** LONGBRANCH BORO - WASHINGTON COUNTY PA 9 ΑI Community **MADISON TWP - RICHLAND COUNTY** 14 OH ΑN MANSFIELD CITY - RICHLAND COUNTY 14 OH AN MARION TWP - BUTLER COUNTY PA 12 AL **MARION TWP - BUTLER COUNTY** PA 19 AQ See instructions for MARS BORO - BUTLER COUNTY PA 12 AL additional information on alphabetization. **MARSHALL TWP - ALLEGHENY COUNTY** PA 12 ΑL **MARSHALLVILLE - WAYNE COUNTY** OH 11 ΑK **MCDONALD VILLAGE - TRUMBULL COUNTY** OH 18 AΡ 10 **MEDINA CITY - MEDINA COUNTY** OH ΑJ Add rows as necessary. **MEDINA TWP - MEDINA COUNTY** OH 10 AJ 22 **MERCER BORO - MERCER COUNTY** PA AR 19 **MERCER TWP - BUTLER COUNTY** PA AQ MIDDLE CREEK TWP - SOMERSET COUNT PA 3 AC PA 12 ΑL **MIDDLESEX TWP - BUTLER COUNTY MIFFLIN TWP - ASHLAND COUNTY** OH 14 ΑN **MILFORD - SOMERSET COUNTY** PA 3 AC **MILL CREEK TWP - MERCER COUNTY** PA 2 AΒ 23 AS **MILL VILLAGE BORO - ERIE COUNTY** PA **MILTON TWP - ASHLAND COUNTY** OH 14 ΑN **MILTON TWP - MAHONING COUNTY** 18 AΡ OH **MILTON TWP - WAYNE COUNTY** OH 11 AK **MOHICAN TWP - ASHLAND COUNTY** OH 14 ΑN **MONROE TWP - RICHLAND COUNTY** OH 14 AN 14 **MONTGOMERY TWP - ASHLAND COUNTY** OH ΑN **MONTVILLE TWP - MEDINA COUNTY** ОН 10 ΑJ **MOUNT PLEASANT BORO - WESTMORELAND COUNTY** 9 Al PA **MOUNT PLEASANT TWP - WESTMORELAND COUNTY** 9 PA ΑI MUDDYCREEK TWP - BUTLER COUNTY PA 12 AL **NEW BEAVER BORO - LAWRENCE COUNTY** PA 12 AL **NEW CENTERVILLE BORO - SOMERSET COUNT** PA 3 AC **NEW LEBANON BORO - MERCER COUNTY** PA 2 AB **NEW LONDON TWP - HURON COUNTY** OH 14 AN **NEW RUSSIA TWP - LORAIN COUNTY** OH 14 ΑN **NEW SEWICKLEY TWP - BEAVER COUNTY** 12 PA AL 21 AR **NEW VERNON TWP - MERCER COUNTY** PA **NEW WILMINGTON BORO - LAWRENCE COUNTY** 19 AQ PA **NEWELL BORO - FAYETTE COUNTY** 9 PA ΑI 12 **NORTH BEAVER TWP - LAWRENCE COUNTY** PA AL NORTH BLOOMFIELD TOWNSHIP - MORROW COUNT ΑV OH 28 27 ΑT **NORTH EAST TOWNSHIP - ERIE COUNTY** PA 12 **NORTH SEWICKLEY TWP - BEAVER COUNTY** PA AL

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define 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 forn Area of system identification 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 parenthese: 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 station 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 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 STATE CH LINE UP SUB GRP# CITY OR TOWN **NORTH SHENANGO TWP - CRAWFORD COUNTY** PA 23 AS **First NORTH UNION TWP - FAYETTE COUNTY** PA 9 ΑI Community 12 **OAKLAND TWP - BUTLER COUNTY** РΔ AL PA 15 AO OAKLAND TWP - VENANGO COUNTY **OBERLIN CITY - LORAIN COUNTY** OH 14 AN **OIL CREEK - VENANGO COUNTY** PA 15 AO See instructions for **ORANGE TWP - ASHLAND COUNTY** OH 14 AN additional information on alphabetization. **ORRVILLE - WAYNE COUNTY** OH 11 ΑK OTTER CREEK TWP - MERCER COUNTY PA 21 AR **PAINT - CLARION COUNTY** PΑ 4 ΑD 11 **PAINT TOWNSHIP - WAYNE COUNTY** OH ΑK Add rows as necessary. **PARKER TWP - BUTLER COUNTY** PA 12 AL 10 PENFIELD TWP - LORAIN COUNTY OH AJ **PENFIELD TWP - LORAIN COUNTY** OH 14 ΑN **PENN TWP - BUTLER COUNTY** PA 12 AL **PENNSBORO - RITCHIE COUNTY** W۷ AG **PERRY TOWNSHIP - ASHLAND COUNTY** OH 14 AN 28 PERRY TOWNSHIP - MORROW COUNTY OH A۷ PERRY TWP - ARMSTRONG COUNTY PA 12 AL 14 ΑN **PERRY TWP - ASHLAND COUNTY** OH **PERRY TWP - LAWRENCE COUNTY** PA 12 AL AM **PERRY TWP - LAWRENCE COUNTY** OH 13 21 PERRY TWP - MERCER COUNTY PA AR PETROLIA BORO - BUTLER COUNTY PA 12 AL PINE GROVE TWP - VENANGO COUNTY PA 4 ΔD 12 AL **PINE TWP - ALLEGHENY COUNTY** PA **PINE TWP - CRAWFORD COUNTY** PA 23 AS 22 **PINE TWP - MERCER COUNTY** PA AR PITTSFIELD TOWNSHIP - LORAIN COUNTY OH 10 ΑJ PITTSFIELD TWP - LORAIN COUNTY OH 14 ΑN **PLAIN GROVE TWP - LAWRENCE COUNTY** PA 19 AQ **PLAIN TWP - WAYNE COUNTY** OH 14 ΑN PLEASANT TWP - WARREN COUNTY PA 16 AO wv PLEASANTS COUNTY - PLEASANTS COUNTY AG PLEASANTVILLE - VENANGO COUNTY PA 15 AO **PLUM TWP - VENANGO COUNTY** 15 PA AO 15 ΑO **PLUMER - VENANGO COUNTY** PA **POLAND TWP - MAHONING COUNTY** ОН 17 ΑP **POLAND VILLAGE - MAHONING COUNTY** 17 AΡ OH **PORTERSVILLE BORO - BUTLER COUNTY** 12 AL PA **PRESIDENT - VENANGO COUNTY** ΑD PA PRESIDENT TWP - VENANGO COUNTY 15 PA AO PROCTORVILLE VILLAGE - LAWRENCE COUNTY OH 13 AM

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define 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 forn Area of system identification 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 parenthese: 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 station 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 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 STATE CH LINE UP SUB GRP# CITY OR TOWN **PROSPECT BORO - BUTLER COUNTY** PA 12 ΑL **First RANDOLPH TWP - CRAWFORD COUNTY** AS PA 23 Community **RANGER - LINCOLN COUNTY** W۷ 8 AΗ 12 RICHLAND TWP - ALLEGHENY COUNTY PA AL RICHMOND TOWNSHIP - CRAWFORD COUNTY PA 27 AT **RICHMOND TWP - ASHTABULA COUNTY** OH 6 ΑF See instructions for **RICHMOND TWP - CRAWFORD COUNTY** PA 23 AS additional information on alphabetization. **RITCHIE COUNTY - RITCHIE COUNTY** wv 7 AG **ROCHESTER TWP - LORAIN COUNTY** OH 14 ΑN **ROCHESTER VILLAGE - LORAIN COUNTY** 14 ΑN OH **ROCKDALE TOWNSHIP - CRAWFORD COUNT** 27 PA ΑT Add rows as necessary. **ROCKLAND TWP - VENANGO COUNTY** PA 20 AQ PA **ROCKMERE - NO SUBS COUNTY** 4 AD 23 **ROME TOWNSHIP - CRAWFORD COUNTY** PA AS 16 **ROME TWP - CRAWFORD COUNTY** PA AO **ROME TWP - LAWRENCE COUNTY** ОН 13 ΑM **ROSCOE BORO - WASHINGTON COUNTY** 9 ΑI PA 14 ΑN **RUGGLES TWP - ASHLAND COUNTY** OH S CONNELLSVILLE BORO - FAYETTE COUNTY PA 9 ΑI S SHENANGO TWP - CRAWFORD COUNTY 23 AS PA 23 SADSBURY TWP - CRAWFORD COUNTY PA AS SAEGERTOWN BORO - CRAWFORD COUNTY PA 23 AS AC PA SALT LICK TWP - FAYETTE COUNTY 3 SALT LICK TWP - FAYETTE COUNTY PA ΑI SANDY CREEK TWP - MERCER COUNTY PA 21 AR **SANDY LAKE BORO - MERCER COUNTY** 2 AΒ PA **SANDY LAKE TWP - MERCER COUNTY** PA AΒ 12 **SAXONBURG BORO - BUTLER COUNTY** PA AL SCOTTDALE BORO - WESTMORELAND COUNT PA 9 ΑI **SEVEN FIELDS BORO - BUTLER COUNTY** PA 12 AL **SHARON TOWNSHIP - MEDINA COUNTY** OH 10 ΑJ SHEAKLEYVILLE BORO - MERCER COUNTY PA 21 AR SHENANGO TWP - LAWRENCE COUNTY PA 12 AL PA 19 SLIPPERY ROCK BORO - BUTLER COUNTY AQ SLIPPERY ROCK TWP - BUTLER COUNTY PA 19 AQ SLIPPERY ROCK TWP - LAWRENCE COUNTY PA 12 AL 18 ΑP **SMITH TWP - MAHONING COUNTY** OH **SMITHBURG - DODDRIDGE COUNTY** W۷ 7 AG **SOMERSET - SOMERSET COUNTY** 3 PA AC 3 **SOMERSET 7 SPRINGS NEW - SOMERSET COUNTY** PA AC SOUTH HUNTINGDON TWP - WESTMORELAND COUNTY 9 PA ΑI SOUTH POINT VILLAGE - LAWRENCE COUNTY 13 ОН AM **SOUTH SHENANGO TWP - CRAWFORD COUNTY** PA 23 AS

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define 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 forn Area of system identification 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 parenthese: 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 station 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 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 STATE CH LINE UP SUB GRP# CITY OR TOWN **SOUTHWEST TWP - WARREN COUNTY** PA 16 ΑO **First SPENCER TWP - MEDINA COUNTY** OH 10 ΑJ Community AN SPENCER TWP - MEDINA COUNTY OH 14 9 SPRINGFIELD TWP - FAYETTE COUNTY PA ΑI SPRINGFIELD TWP - MAHONING COUNTY OH 17 AΡ 22 SPRINGFIELD TWP - MERCER COUNTY PA AR See instructions for SPRINGFIELD TWP - RICHLAND COUNTY OH 14 AN additional information on alphabetization. STEUBEN TOWNSHIP - CRAWFORD COUNTY PA 27 ΑT STEUBEN TWP - CRAWFORD COUNTY PA 16 AO STEUBEN TWP - CRAWFORD COUNTY PA 23 AS 9 STOCKDALE BORO - WASHINGTON COUNTY PA ΑI Add rows as necessary. 2 STONEBORO BORO - MERCER COUNTY PA AΒ SUGAR GROVE TWP - MERCER COUNTY PA 22 AR 12 SUGARCREEK - ARMSTRONG COUNTY PA AL **SUGARCREEK BORO - VENANGO COUNTY** PA 26 AS SUGARCREEK TWP - WAYNE COUNTY ОН 11 ΑK **SULLIVAN TWP - ASHLAND COUNTY** OH 14 ΑN AO SUMMERHILL TWP - CRAWFORD COUNTY PA 16 **SUMMIT TWP - BUTLER COUNTY** PA 12 AL **SUMMIT TWP - CRAWFORD COUNTY** 23 AS PA **TAYLOR TWP - LAWRENCE COUNTY** 12 PA AL **TIDIOUTE - WARREN COUNTY** PA 16 AO PA TIONESTA BORO - FOREST COUNTY 4 AD **TIONESTA TWP - FOREST COUNTY** PA AD 16 **TITUSVILLE CITY - CRAWFORD COUNTY** PA AO wv 7 AG **TOWN OF CAIRO - RITCHIE COUNTY TOWN OF ELLENBORO - RITCHIE COUNTY** W۷ AG **TOWN OF HAMLIN - LINCOLN COUNTY** wv 8 AΗ **TOWN OF HARRISVILLE - RITCHIE COUNTY** W۷ AG **TOWN OF WEST HAMLIN - LINCOLN COUNTY** W۷ 8 AΗ TOWNSHIP OF CAMBRIDGE - CRAWFORD COUNT PA 27 AT **TOWNSHIP OF MCKEAN - ERIE COUNTY** PA 27 AT **TOWNVILLE - CRAWFORD COUNTY** PA 23 AS PA 12 TREESDALE - ALLEGHENY COUNTY AL TRIUMPH TWP - WARREN COUNTY PA 16 AO TROY TOWNSHIP - ASHLAND COUNTY 14 OH AN TROY TOWNSHIP - MORROW COUNTY A۷ OH 28 **TROY TWP - ASHLAND COUNTY** 14 ΑN OH TROY TWP - CRAWFORD COUNTY 16 AO PA **UNION TWP - CRAWFORD COUNTY** PA 23 AS 13 **UNION TWP - LAWRENCE COUNTY** OH AM **UPPER TURKEYFOOT - SOMERSET COUNTY** PA 3 AC **UPPER TYRONE TWP - FAYETTE COUNTY** PA 9 ΑI

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define 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 forn Area of system identification 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 parenthese: 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 station 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 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 STATE CH LINE UP SUB GRP# CITY OR TOWN **UTICA BORO - VENANGO COUNTY** PA 26 AS **First VALENCIA BORO - BUTLER COUNTY** PA 12 AL Community **VANDERBILT BORO - FAYETTE COUNTY** 9 ΑI РΔ **VENANGO TOWNSHIP - CRAWFORD COUNTY** 27 AT PA **VENANGO TOWNSHIP - ERIE COUNTY** PA 27 AT **VENANGO TWP - BUTLER COUNTY** PA 12 AL See instructions for **VENANGO TWP - BUTLER COUNTY** PA 19 AQ additional information on alphabetization. **VENANGO TWP - ERIE COUNTY** PA 23 AS **VERMILLION TWP - ASHLAND COUNTY** OH 14 AN **VERNON TWP - CRAWFORD COUNTY** PΑ 23 AS **VERNON TWP - TRUMBULL COUNTY COUNTY** OH 5 ΑE Add rows as necessary. 19 **VICTORY TWP - VENANGO COUNTY** PA AQ **VOLANT BORO - LAWRENCE COUNTY** PA 19 AQ W SHENANGO TWP - CRAWFORD COUNT PA 23 AS **WAKEMAN TWP - HURON COUNTY** OH 14 AN PA 12 ΑL WAMPUM BORO - LAWRENCE COUNTY **WASHINGTON - CLARION COUNTY** 4 AD PA 27 **WASHINGTON TOWNSHIP - ERIE COUNTY** PA AT **WASHINGTON TOWNSHIP - MORROW COUNTY** OH 28 ΑV **WASHINGTON TWP - BUTLER COUNTY** 12 PA AL **WASHINGTON TWP - LAWRENCE COUNTY** PA 19 AQ **WASHINGTON TWP - RICHLAND COUNTY** OH 14 ΑN 27 ΑT WATERFORD TOWNSHIP - ERIE COUNTY PA **WATSON TWP - WARREN COUNTY** PA 16 AO 23 **WATTSBURG BORO - ERIE COUNTY** PA AS 23 AS **WAYNE TWP - CRAWFORD COUNTY** PA PA 12 AL **WAYNE TWP - LAWRENCE COUNTY** 18 AP **WEATHERSFIELD TWP - TRUMBULL COUNTY** OH **WELLER TWP - RICHLAND COUNTY** OH 14 ΑN **WELLINGTON TOWNSHIP - LORAIN COUNTY** OH 10 ΑJ **WELLINGTON TWP - LORAIN COUNTY** OH 14 ΑN WEST BROWNSVILLE BORO - WASHINGTON COUNT PA 9 ΑI **WEST DEER TWP - ALLEGHENY COUNTY** PA 12 AL WEST FALLOWFIELD TWP - CRAWFORD COUNTY PA 23 AS **WEST FRANKLIN TWP - ARMSTRONG COUNTY** PA 12 AL WEST LIBERTY BORO - BUTLER COUNTY 19 PA AQ AS **WEST MEAD TWP - CRAWFORD COUNTY** PA 23 **WEST PIKE RUN TWP - WASHINGTON COUNTY** PA 9 ΑI AS **WEST SALEM TWP - MERCER COUNTY** PA 24 **WEST SUNBURY BORO - BUTLER COUNTY** PA 12 AL **WEST UNION - DODDRIDGE COUNTY** W۷ AG W۷ 13 **WEST VIRGINIA RURAL - WAYNE COUNTY** AM WILLIAMSFORD TWP - ASHTABULA COUNTY OH 6 **AF**

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
Armstrong Utilities, Inc.			34166						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define 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 forn of system identification hereafter known as the "first community." Please use it as the first community on all future filings									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese below the identified city or town									
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9)	the column blank	. If you report any	station						
When reporting the carriage of television broadcast stations on a community-by-comr channel line-up designated by an alpha-letter(s) (based on your Space G reporting) a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	nd a subscriber g								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
WINDSOR TWP - LAWRENCE COUNTY	ОН	13	AM	First					
WINFIELD TWP - BUTLER COUNTY	PA	12	AL	Community					
WOLF CREEK TWP - MERCER COUNTY	PA	22	AR						
WOODCOCK TOWNSHIP - CRAWFORD COUNTY	PA	27	AT						
WOODCOCK TWP - CRAWFORD COUNTY	PA	23	AS						
WORTH TWP - BUTLER COUNTY	PA	12	AL	See instructions for					
WORTH TWP - BUTLER COUNTY	PA	19	AQ	additional information					
WORTH TWP - MERCER COUNTY	PA	2	AB	on alphabetization.					
WORTHINGTON TWP - RICHLAND COUNTY	OH	14	AN						
YORK TWP - MEDINA COUNTY	ОН	10	AJ						
				Add source or management					
				Add rows as necessary.					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#

34166

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOC	K 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	150,979	\$ 35.45			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		†			

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	\$ 20.95	Motel, hotel			
 Pay cable—add'l channel 	\$17.95/14.95	Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	\$ 20.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

FORM SA3E. PAGE 3.						_			
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name			
Armstrong Util	ities, Inc.				34166				
PRIMARY TRANSMITTI	ERS: TELEVISION	ON							
carried by your cable s FCC rules and regulat	system during t ions in effect o	the accountin n June 24, 19	g period except 981, permitting t	(1) stations carrie the carriage of ce	as and low power television stations) ed only on a part-time basis under train network programs [sections	G			
substitute program ba	` , ` ,	. , .		or(e)(2) and (4))],	and (2) certain stations carried on a	Primary Transmitters:			
Substitute Basis S	Stations: With	respect to an	y distant station	s carried by your	cable system on a substitute progran	Television			
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
station was carried only on a substitute basis									
	formation cond				titute basis and also on some othe of the general instructions located				
		-			es such as HBO, ESPN, etc. Identify				
			-	-	ation. For example, report multi ch stream separately; for example				
WETA-simulcast).				•					
			•		ation for broadcasting over-the-air ir s may be different from the channe				
on which your cable sy	ystem carried t	he station			dependent station, or a noncommercia				
	•	•	,.	`	icast), "I" (for independent), "I-M commercial educational multicast)				
For the meaning of the	ese terms, see	page (v) of th	ne general instru	uctions located in	the paper SA3 form				
			•	,	es". If not, enter "No". For an ex				
planation of local servi		• ,	•		ie paper SA3 form , stating the basis on which you				
*		-		•	ntering "LAC" if your cable syster				
carried the distant stat For the retransmiss	•				i capacity ty payment because it is the subjec				
_					ystem or an association representin				
,			•	• .	ary transmitter, enter the designa other basis, enter "O." For a furthe				
explanation of these th	ree categories	s, see page (v	of the general	instructions local	ted in the paper SA3 form				
					ty to which the station is licensed by the the which the station is identified				
Note: If you are utilizing				-					
		CHANN	EL LINE-UP	AA		-			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
WCHS	8	N			Charleston, WV				
WCHS-DT2	8.2	I-M			Charleston, WV	See instructions for			
WCHS-HD	8.1	N			Charleston, WV	additional information on alphabetization.			
WKAS	26	Е			Ashland, KY	on alphabetization.			
WLPX	39	I			Charleston, WV				
WLPX-HD	39.1	I			Charleston, WV				
wowk	13	N			Huntington, WV				
WOWK-DT2	13.2	I-M			Huntington, WV	1			
WOWK-DT3	13.3	I-M			Huntington, WV	1			
WOWK-DT4	13.4	I-M			Huntington, WV	"			
WOWK-HD	13.1	N			Huntington, WV	1			
WQCW	17 I-M Portsmouth, OH								
WSAZ	3	N			Huntington, WV				
WSAZ-DT2	3.2	I-M			Huntington, WV	.			
WSAZ-HD	3.1	N			Huntington, WV				
WTSF	44	I			Ashland, KY	,			
WTSF-HD	44.1	ı			Ashland, KY				

FORM SASE. FAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#	NI
Armstrong Utilities, Inc.	34166	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 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	AA	
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
WVAH	11	I			Charleston, WV
WVAH-DT2	11.2	I-M			Charleston, WV
WVAH-DT3	11.3	I-M			Charleston, WV
WVAH-HD	11.1	I			Charleston, WV
WVPB	34	E			Huntington, WV
WVPB-DT2	34	E			Huntington, WV

G

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	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
KDKA	25	N			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-DT2	50.2	I-M	Yes	E	Jeanette, PA
WPCB-HD	50.1	I	Yes	E	Jeanette, PA
WQED	13	Е	Yes	0	Pittburgh, PA
WQED-DT2	13.2	E-M	Yes	E	Pittburgh, PA
WQED-DT3	13.3	Е-М	Yes	E	Pittburgh, PA
WQED-DT4	13.4	E-M	Yes	Е	Pittburgh, PA
WQED-DT5	13.5	E-M	Yes	E	Pittburgh, PA
WQED-HD	13.1	Е	Yes	Е	Pittburgh, PA
WYFX	19	I			Youngstown, OH
WYFX-DT5	19.5	I-M			Youngstown, OH

G

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	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
WYFX-DT6	19.6	I-M			Youngstown, OH
WYFX-HD	41.2	I			Youngstown, OH
WYTV	36	N			Youngstown, OH
WYTV-DT2	36.2	I-M			Youngstown, OH
WYTV-DT3	36.3	I-M			Youngstown, OH
WYTV-HD	36.1	N			Youngstown, OH

G

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	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WATM	23	N			Pittsburgh, PA
WATM-DT2	8.1	I			Johnstown, PA
WATM-DT3	23.3	I-M			Pittsburgh, PA
WATM-DT4	23.4	I-M			Pittsburgh, PA
WATM-HD	23.1	N			Pittsburgh, PA
WJAC	34	N			Johnstown, PA
WJAC-DT2	34.2	I-M			Johnstown, PA
WJAC-DT3	34.3	I-M			Johnstown, PA
WJAC-HD	34.1	N			Johnstown, PA
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-HD	50.1	l	Yes	E	Jeanette, PA
WQED	13	E			Pittburgh, PA
WQED-HD	13.1	E			Pittburgh, PA
WTAJ	32	N			Altoona, PA
WTAJ-DT2	32.2	I-M			Altoona, PA
WTAJ-DT3	32.3	I-M			Altoona, PA
WTAJ-DT4	32.4	I-M			Altoona, PA
WTAJ-HD	32.1	I-M			Altoona, PA

G

Primary Transmitters: Television

	ACCOUNTIN	NG PERIOD: 2020/
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period except (1) stations carried only on a part-FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network products.	time basis under	G
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 substitute program basis, as explained in the next paragraph	_	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on	a substitute progran	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 Progran station was carried only on a substitute basis 	ո Log)—if th։	
 List the station here, and also in space I, if the station was carried both on a substitute basis and a basis. For further information concerning substitute basis stations, see page (v) of the general ins in the paper SA3 form. 	structions located	

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

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

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

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

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

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

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

CHANNEL LINE-UP				AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTAJ-HD	32.1	I-M			Altoona, PA
WWCP-DT2-HD	23.2	I			Johnstown, PA
	•				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 € substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing 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
KDKA	25	N			Pittsburgh, PA
KDKA-DT2	25.2	I-M			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WINP	38	I			Pittburgh, PA
WINP-HD	38.1	I			Pittburgh, PA
WPCB	50	I			Jeanette, PA
WPCB-DT2	50.2	I-M			Jeanette, PA
WPCB-HD	50.1	I			Jeanette, PA
WPCW	19	I			Jeanette, PA
WPCW-HD	19.1	I			Jeanette, PA
WPGH	53	I			Pittsburgh, PA
WPGH-DT2	53.2	I-M			Pittsburgh, PA
WPGH-DT3	53.3	I-M			Pittsburgh, PA
WPGH-HD	53.1	I			Pittsburgh, PA
WPNT	22	I			Pittsburgh, PA
WPNT-DT2	22.2	I-M			Pittsburgh, PA
WPNT-DT3	22.3	I-M			Pittsburgh, PA
WPNT-DT4	22.4	I-M			Pittsburgh, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, 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 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	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
WPNT-HD	22.1	I			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	E			Pittburgh, PA
WQED-DT2	13.2	E-M			Pittburgh, PA
WQED-DT3	13.3	E-M			Pittburgh, PA
WQED-DT4	13.4	E-M			Pittburgh, PA
WQED-DT5	13.5	E-M			Pittburgh, PA
WQED-HD	13.1	E			Pittburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA
					-

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, 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 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	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
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	E			Alliance OH
WNEO-DT2	45.2	Е			Alliance OH
WNEO-DT3	45.3	Е			Alliance OH
WNEO-HD	45	Е			Alliance OH
WYFX	19	I			Youngstown, OH
WYFX-DT5	19.5	I-M			Youngstown, OH
WYFX-DT6	19.6	I-M			Youngstown, OH
WYFX-HD	41.2	I			Youngstown, OH
WYTV	36	N			Youngstown, OH
WYTV-DT2	36.2	I-M			Youngstown, OH
WYTV-DT3	36.3	I-M			Youngstown, OH
WYTV-HD	36.1	N			Youngstown, OH

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc.

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 € substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AF							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WBNX	55	I			Akron, OH		
WBNX-DT2	55.2	I-M			Akron, OH		
WBNX-DT4	55.4	I-M			Akron, OH		
WBNX-HD	55.1	I-M			Akron, OH		
WDLI	39	I			Canton, OH		
WEWS	5	N			Cleveland, OH		
WEWS-DT2	5.2	I-M			Cleveland, OH		
WEWS-HD	5.1	N			Cleveland, OH		
WJW	8	I			Cleveland, OH		
WJW-DT2	8.2	I-M			Cleveland, OH		
WJW-DT3	8.3	I-M			Cleveland, OH		
WJW-DT4	8.4	I-M			Cleveland, OH		
WJW-HD	8.1	I			Cleveland, OH		
WKYC	17	N			Cleveland, OH		
WKYC-DT2	17.2	I-M			Cleveland, OH		
WKYC-DT3	17.3	I-M			Cleveland, OH		
WKYC-DT4	17.4	I-M			Cleveland, OH		
WKYC-HD	17.1	N			Cleveland, OH		

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc.

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 € substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AF	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WNEO	45	Е			Alliance OH
WNEO-HD	45	Е			Alliance OH
WOIO	10	N			Shaker Heights, OH
WOIO-DT2	10.2	I-M			Shaker Heights, OH
WOIO-HD	10.1	N			Shaker Heights, OH
WUAB	43	I			Lorain, OH
WUAB-DT2	43.2	I-M			Lorain, OH
WUAB-HD	43.1	I			Lorain, OH
WVIZ	25	E			Cleveland, OH
WVIZ-DT2	25.2	E-M			Cleveland, OH
WVIZ-DT3	25.3	E-M			Cleveland, OH
WVIZ-DT4	25.4	E-M			Cleveland, OH
WVIZ-DT5	25.5	E-M			Cleveland, OH
WVIZ-HD	25.1	Е			Cleveland, OH
WVPX	23	I			Akron, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, 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 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.

1. CALL 2. SIGN		3. TYPE	4. DISTANT?	5 54010 05	
	CHANNEL NUMBER	OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBOY	12.1	N			Clarksburg, WV
WBOY-DT2	12.2	N			Clarksburg, WV
WBOY-DT2-HD	12.2	N			Clarksburg, WV
WBOY-DT3	12.3	I-M			Clarksburg, WV
WBOY-DT4	12.4	I-M			Clarksburg, WV
WBOY-HD	12.1	N			Clarksburg, WV
WDTV	5	N			Weston, WV
WDTV-DT2	5.2	I-M			Weston, WV
WDTV-HD	5.1	N			Weston, WV
WNPB	33	Е			Morgtantown, WV
WNPB-HD	33.1	E			Morgtantown, WV
WTAP	49	N			Parkersburg, WV
WTAP-HD	49.1	N			Parkersburg, WV
WVFX	10	l			Clarksburg, WV
WVFX-DT2	46.2	I-M			Clarksburg, WV
WVFX-HD	46.1	I			Clarksburg, WV

G

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	AH		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCHS	8	N			Charleston, WV
WCHS-DT2	8.2	I-M			Charleston, WV
WCHS-HD	8.1	N			Charleston, WV
WKAS	26	Е			Ashland, KY
WLPX	39	I			Charleston, WV
WLPX-HD	39.1	I			Charleston, WV
WOWK	13	N			Huntington, WV
WOWK-DT2	13.2	I-M			Huntington, WV
WOWK-DT3	13.3	I-M			Huntington, WV
WOWK-DT4	13.4	I-M			Huntington, WV
WOWK-HD	13.1	N			Huntington, WV
WQCW	17	I-M			Portsmouth, OH
WQCW-HD	30.1	I-M			Portsmouth, OH
WSAZ	3	N			Huntington, WV
WSAZ-DT2	3.2	I-M			Huntington, WV
WSAZ-HD	3.1	N			Huntington, WV
WTSF	44	I			Ashland, KY
WTSF-HD	44.1	I			Ashland, KY

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION		
Armstrong Utilities, Inc.	34166	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
FORM SASE. PAGE 3.		

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	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVAH	11	I			Charleston, WV
WVAH-DT2	11.2	I-M			Charleston, WV
WVAH-DT3	11.3	I-M			Charleston, WV
WVAH-HD	11.1	I			Charleston, WV
WVPB	34	Е			Huntington, WV
WVPB-DT2	34	Е			Huntington, WV

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc.

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 € 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

		CHANN	EL LINE-UP	Al	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N			Pittsburgh, PA
KDKA-DT2	25.2	I-M			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WINP	38	I			Pittburgh, PA
WINP-HD	38.1	I			Pittburgh, PA
WNPB	33	Е			Morgtantown, WV
WPCB	50	I			Jeanette, PA
WPCB-DT2	50.2	I-M			Jeanette, PA
WPCB-HD	50.1	I			Jeanette, PA
WPCW	19	I			Jeanette, PA
WPCW-HD	19.1	I			Jeanette, PA
WPGH	53	I			Pittsburgh, PA
WPGH-DT2	53.2	I-M			Pittsburgh, PA
WPGH-DT3	53.3	I-M			Pittsburgh, PA
WPGH-HD	53.1	I			Pittsburgh, PA
WPNT	22	I			Pittsburgh, PA
WPNT-DT2	22.2	I-M			Pittsburgh, PA
WPNT-DT3	22.3	I-M			Pittsburgh, PA

G

Primary Transmitters: Television

DDIMARY TRANSMITTERS, TELEVISION		
Armstrong Utilities, Inc.	34166	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
1 ONW SASE, I AGE 3.		

RIMARY 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

		CHANN	EL LINE-UP	Al	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPNT-DT4	22.4	I-M			Pittsburgh, PA
WPNT-HD	22.1	I			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	Е			Pittburgh, PA
WQED-DT2	13.2	E-M			Pittburgh, PA
WQED-DT3	13.3	E-M			Pittburgh, PA
WQED-DT4	13.4	E-M			Pittburgh, PA
WQED-DT5	13.5	E-M			Pittburgh, PA
WQED-HD	13.1	Е			Pittburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA

G

Primary Transmitters: Television

DDIM	ADV TO ANCHITTEDS. TELEVISION		ĺ
Aı	rmstrong Utilities, Inc.	34166	Name
LE	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
1 OI W	NONCE I NOE 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. 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.

CHANNEL LINE-UF				AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNX	55	ı			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT3	55.3	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	39	I			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	I			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	I			Cleveland, OH
WKYC	17	N			Cleveland, OH
WKYC-DT2	17.2	I-M			Cleveland, OH
WKYC-DT3	17.3	I-M			Cleveland, OH
WKYC-DT4	17.4	I-M			Cleveland, OH

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc.

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 € 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKYC-HD	17.1	N			Cleveland, OH
WNEO	45	E			Alliance OH
WOIO	10	N			Shaker Heights, OH
WOIO-DT2	10.2	I-M			Shaker Heights, OH
WOIO-HD	10.1	N			Shaker Heights, OH
WRLM	47	l			Canton, OH
WUAB	43	I			Lorain, OH
WUAB-DT2	43.2	I-M			Lorain, OH
WUAB-HD	43.1	I			Lorain, OH
WVIZ	25	Е			Cleveland, OH
WVIZ-DT2	25.2	E-M			Cleveland, OH
WVIZ-DT3	25.3	E-M			Cleveland, OH
WVIZ-DT4	25.4	E-M			Cleveland, OH
WVIZ-DT5	25.5	E-M			Cleveland, OH
WVIZ-HD	25.1	Е			Cleveland, OH
WVPX	23	ı			Akron, OH

G

Primary Transmitters: Television

DDIMARY TRANSMITTERS, TELEVISION		
Armstrong Utilities, Inc.	34166	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
1 ONW SASE, I AGE 3.		

RIMARY 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 € substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP			AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNX	55	I			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT3	55.3	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	39	I			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	l			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	I			Cleveland, OH
WKYC	17	N			Cleveland, OH
WKYC-DT2	17.2	I-M			Cleveland, OH
WKYC-DT3	17.3	I-M			Cleveland, OH
WKYC-DT4	17.4	I-M			Cleveland, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, 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 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	AK	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKYC-HD	17.1	N			Cleveland, OH
WNEO	45	Е			Alliance OH
WOIO	10	N			Shaker Heights, OH
WOIO-DT2	10.2	I-M			Shaker Heights, OH
WOIO-HD	10.1	N			Shaker Heights, OH
WRLM	47	I			Canton, OH
WUAB	43	I			Lorain, OH
WUAB-DT2	43.2	I-M			Lorain, OH
WUAB-HD	43.1	I			Lorain, OH
WVIZ	25	Е			Cleveland, OH
WVIZ-DT2	25.2	E-M			Cleveland, OH
WVIZ-DT3	25.3	E-M			Cleveland, OH
WVIZ-DT4	25.4	Е-М			Cleveland, OH
WVIZ-DT5	25.5	E-M			Cleveland, OH
WVIZ-HD	25.1	Е			Cleveland, OH
WVPX	23				Akron, OH

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

		CHANN	EL LINE-UP	AL	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N			Pittsburgh, PA
KDKA-DT2	25.2	I-M			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WINP	38	I			Pittburgh, PA
WINP-HD	38.1	I			Pittburgh, PA
WPCB	50	I			Jeanette, PA
WPCB-DT2	50.2	I-M			Jeanette, PA
WPCB-HD	50.1	I			Jeanette, PA
WPCW	19	I			Jeanette, PA
WPCW-HD	19.1	I			Jeanette, PA
WPGH	53	I			Pittsburgh, PA
WPGH-DT2	53.2	I-M			Pittsburgh, PA
WPGH-DT3	53.3	I-M			Pittsburgh, PA
WPGH-HD	53.1	I			Pittsburgh, PA
WPNT	22	I			Pittsburgh, PA
WPNT-DT2	22.2	I-M			Pittsburgh, PA
WPNT-DT3	22.3	I-M			Pittsburgh, PA
WPNT-DT4	22.4	I-M			Pittsburgh, PA

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION		
Armstrong Utilities, Inc.	34166	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
FORM SASE. PAGE 3.		

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	AL		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPNT-HD	22.1	I			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	E			Pittburgh, PA
WQED-DT2	13.2	E-M			Pittburgh, PA
WQED-DT3	13.3	E-M			Pittburgh, PA
WQED-DT4	13.4	E-M			Pittburgh, PA
WQED-DT5	13.5	E-M			Pittburgh, PA
WQED-HD	13.1	E			Pittburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA

G

Primary Transmitters: Television

Α	rmstrong Utilities, Inc.	34166	Name
LE	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
I OIN	W 0A3E. 1 AGE 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.

		СНАММ	EL LINE-UP	ΔΜ	
	1	JIANN	LL LINL-OF	AIII	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
WCHS	8	N			Charleston, WV
WCHS-DT2	8.2	I-M			Charleston, WV
WCHS-HD	8.1	N			Charleston, WV
WKAS	26	Е			Ashland, KY
WLPX	39	I			Charleston, WV
WLPX-HD	39.1	I			Charleston, WV
WOWK	13	N			Huntington, WV
WOWK-DT2	13.2	I-M			Huntington, WV
WOWK-DT3	13.3	I-M			Huntington, WV
WOWK-DT4	13.4	I-M			Huntington, WV
WOWK-HD	13.1	N			Huntington, WV
WQCW	17	I-M			Portsmouth, OH
WQCW-HD	30.1	I-M			Portsmouth, OH
WSAZ	3	N			Huntington, WV
WSAZ-DT2	3.2	I-M			Huntington, WV
WSAZ-HD	3.1	N			Huntington, WV
WTSF	44	I			Ashland, KY
WTSF-HD	44.1	I			Ashland, KY

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc.	SYSTEM ID# 34166	Name
PRIMARY TRANSMITTERS: TELEVISION	01100	

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.

CHANNEL LINE-UP AM						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WVAH	11	ı			Charleston, WV	
WVAH-DT2	11.2	I-M			Charleston, WV	
WVAH-DT3	11.3	I-M			Charleston, WV	
WVAH-HD	11.1	I			Charleston, WV	
WVPB	34	E			Huntington, WV	
WVPB-DT2	34	E			Huntington, WV	

G

Primary Transmitters: Television

	PRIMARY TRANSMITTERS: TELEVISION				
	Armstrong Utilities, Inc.	34166	Name		
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
FORM SA3E. PAGE 3.					

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.

CHANNEL LINE-UP			EL LINE-UP	AN	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNX	55	ı			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT3	55.3	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	39	I			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	I			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	I			Cleveland, OH
WKYC	17	N			Cleveland, OH
WKYC-DT2	17.2	I-M			Cleveland, OH
WKYC-DT3	17.3	I-M			Cleveland, OH
WKYC-DT4	17.4	I-M			Cleveland, OH

G

Primary Transmitters: Television

Α	rmstrong Utilities, Inc.	34166	Name
LE	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
I OIN	W 0A3E. 1 AGE 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 program basis under specific FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. 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.

CHANNEL LINE-UP				AN	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKYC-HD	17.1	N			Cleveland, OH
WMFD	12	I			Mansfield, OH
WMFD-HD	68.1	I			Mansfield, OH
WNEO	45	E			Alliance OH
WOIO	10	N			Shaker Heights, OH
WOIO-DT2	10.2	I-M			Shaker Heights, OH
WOIO-HD	10.1	N			Shaker Heights, OH
WUAB	43	I			Lorain, OH
WUAB-DT2	43.2	I-M			Lorain, OH
WUAB-HD	43.1	l			Lorain, OH
WVIZ	25	Е			Cleveland, OH
WVIZ-DT2	25.2	E-M			Cleveland, OH
WVIZ-DT3	25.3	E-M			Cleveland, OH
WVIZ-DT4	25.4	E-M			Cleveland, OH
WVIZ-DT5	25.5	E-M			Cleveland, OH
WVIZ-HD	25.1	Е			Cleveland, OH
WVPX	23	I			Akron, OH

G

Primary Transmitters: Television

Α	rmstrong Utilities, Inc.	34166	Name
LE	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
I OIN	W 0A3E. 1 AGE 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 program basis under specific FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. 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	AO	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N	Yes	0	Pittsburgh, PA
KDKA-HD	25.1	N	Yes	E	Pittsburgh, PA
WFXP	66	I	Yes	0	Erie, PA
WFXP-DT2	66.2	I-M	Yes	Е	Erie, PA
WFXP-DT3	66.3	I-M	Yes	E	Erie, PA
WFXP-HD	66.1	I	Yes	E	Erie, PA
WICU	12	N			Erie, PA
WICU-DT2	12.2	I-M			Erie, PA
WICU-HD	12.1	N			Erie, PA
WJET	24	N			Erie, PA
WJET-DT2	24.2	I-M			Erie, PA
WJET-DT3	24.3	I-M			Erie, PA
WJET-HD	24.1	N			Erie, PA
WQLN	50	Е			Erie, PA
WQLN-HD	50.1	E-M			Erie, PA
WSEE	16	N			Erie, PA
WSEE-DT2	35.2	I-M			Erie, PA
WSEE-HD	35.1	N			Erie, PA

G

Primary Transmitters: Television

Ī	PRIMARY TRANSMITTERS: TELEVISION		
	Armstrong Utilities, Inc.	34166	Name
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
_	TORWI SASE. I AGE S.		

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

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

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

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

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

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

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

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

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

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
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	Е			Alliance OH
WNEO-DT2	45.2	Е			Alliance OH
WNEO-DT3	45.3	E			Alliance OH
WNEO-HD	45	Е			Alliance OH
WQED	13	Е	Yes	0	Pittburgh, PA
WYFX	19	I			Youngstown, OH
WYFX-DT5	19.5	I-M			Youngstown, OH
WYFX-DT6	19.6	I-M			Youngstown, OH
WYFX-HD	41.2	I			Youngstown, OH
WYTV	36	N			Youngstown, OH
WYTV-DT2	36.2	I-M			Youngstown, OH
WYTV-DT3	36.3	I-M			Youngstown, OH
WYTV-HD	36.1	N			Youngstown, OH

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION		
Armstrong Utilities, Inc.	34166	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
FORM SA3E. PAGE 3.		

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	AQ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N			Pittsburgh, PA
KDKA-DT2	25.2	I-M			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WINP	38	I			Pittburgh, PA
WINP-HD	38.1	I			Pittburgh, PA
WNEO	45	Е	Yes	0	Alliance OH
WPCB	50	I			Jeanette, PA
WPCB-DT2	50.2	I-M			Jeanette, PA
WPCB-HD	50.1	I			Jeanette, PA
WPCW	19	I			Jeanette, PA
WPCW-HD	19.1	I			Jeanette, PA
WPGH	53	I			Pittsburgh, PA
WPGH-DT2	53.2	I-M			Pittsburgh, PA
WPGH-DT3	53.3	I-M			Pittsburgh, PA
WPGH-HD	53.1	I			Pittsburgh, PA
WPNT	22	I			Pittsburgh, PA
WPNT-DT2	22.2	I-M			Pittsburgh, PA
WPNT-DT3	22.3	I-M			Pittsburgh, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

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	AQ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPNT-DT4	22.4	I-M			Pittsburgh, PA
WPNT-HD	22.1	I			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	Е		•	Pittburgh, PA
WQED-DT2	13.2	E-M			Pittburgh, PA
WQED-DT3	13.3	E-M			Pittburgh, PA
WQED-DT4	13.4	E-M			Pittburgh, PA
WQED-DT5	13.5	E-M			Pittburgh, PA
WQED-HD	13.1	Е			Pittburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA

G

Primary Transmitters: Television

DD11445	NY TRANSMITTERS TELEVISION		
Arn	nstrong Utilities, Inc.	34166	Name
LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
FORW 3	ASE. 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	AR	
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
KDKA	25	N			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	E			Alliance OH
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-DT2	50.2	I-M	Yes	E	Jeanette, PA
WPCB-HD	50.1	I	Yes	E	Jeanette, PA
WQED	13	E	Yes	0	Pittburgh, PA
WQED-DT2	13.2	E-M	Yes	E	Pittburgh, PA
WQED-DT3	13.3	E-M	Yes	E	Pittburgh, PA
WQED-DT4	13.4	E-M	Yes	E	Pittburgh, PA
WQED-DT5	13.5	E-M	Yes	E	Pittburgh, PA
WQED-HD	13.1	Е	Yes	E	Pittburgh, PA
WYFX	19	I			Youngstown, OH

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 € substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AR	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	_	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYFX-DT5	19.5	I-M			Youngstown, OH
WYFX-DT6	19.6	I-M			Youngstown, OH
WYFX-HD	41.2	I			Youngstown, OH
WYTV	36	N			Youngstown, OH
WYTV-DT2	36.2	I-M			Youngstown, OH
WYTV-DT3	36.3	I-M			Youngstown, OH
WYTV-HD	36.1	N			Youngstown, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, 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 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.

	CHANNEL LINE-UP AS						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
KDKA	25	N	Yes	0	Pittsburgh, PA		
KDKA-HD	25.1	N	Yes	E	Pittsburgh, PA		
WFXP	66	I	Yes	0	Erie, PA		
WFXP-DT2	66.2	I-M	Yes	E	Erie, PA		
WFXP-DT3	66.3	I-M	Yes	E	Erie, PA		
WFXP-HD	66.1	I	Yes	E	Erie, PA		
WICU	12	N	Yes	0	Erie, PA		
WICU-DT2	12.2	I-M	Yes	0	Erie, PA		
WICU-HD	12.1	N	Yes	0	Erie, PA		
WJET	24	N	Yes	0	Erie, PA		
WJET-DT2	24.2	I-M	Yes	Е	Erie, PA		
WJET-DT3	24.3	I-M	Yes	E	Erie, PA		
WJET-HD	24.1	N	Yes	E	Erie, PA		
WQLN	50	E	Yes	0	Erie, PA		
WQLN-DT2	50.2	E-M	Yes	E	Erie, PA		
WQLN-DT3	50.3	E-M	Yes	E	Erie, PA		
WQLN-HD	50.1	E-M	Yes	E	Erie, PA		
WSEE	16	N	Yes	О	Erie, PA		

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION		
Armstrong Utilities, Inc.	34166	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
TORWISASE, FASE S.		

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

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. 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	AS	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WSEE-DT2	35.2	I-M	Yes	E	Erie, PA
WSEE-HD	35.1	N	Yes	E	Erie, PA
	•				
	······································				
		1		I .	

G

Primary Transmitters: Television

DDIMARY TRANSMITTERS, TELEVISION		
Armstrong Utilities, Inc.	34166	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
1 ONW SASE. I AGE 3.		

RIMARY 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 € substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AT	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFXP	66	I			Erie, PA
WFXP-DT2	66.2	I-M			Erie, PA
WFXP-DT3	66.3	I-M			Erie, PA
WFXP-HD	66.1	I			Erie, PA
WICU	12	N			Erie, PA
WICU-DT2	12.2	I-M			Erie, PA
WICU-HD	12.1	N			Erie, PA
WJET	24	N			Erie, PA
WJET-DT2	24.2	I-M			Erie, PA
WJET-DT3	24.3	I-M			Erie, PA
WJET-HD	24.1	N			Erie, PA
WQLN	50	E			Erie, PA
WQLN-DT2	50.2	E-M			Erie, PA
WQLN-DT3	50.3	E-M			Erie, PA
WQLN-HD	50.1	E-M			Erie, PA
WSEE	16	N			Erie, PA
WSEE-DT2	35.2	I-M			Erie, PA
WSEE-HD	35.1	N			Erie, PA

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION		
Armstrong Utilities, Inc.	34166	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
FORIVI SASE. PAGE 3.		

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

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. 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	P <mark>AV</mark>		
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	
WBNS-DT3	10.3	I-M			Columbus, OH	
WBNS-DT2	10.2	I-M			Columbus, OH	
WBNS	10	N			Columbus, OH	
WBNS-HD	10.1	N			Columbus, OH	
WCMH-DT4	4.4	I-M			Columbus, OH	
WCMH-DT2	4.2	I-M			Columbus, OH	
WCMH	4	N			Columbus, OH	
WCMH-HD	4.1	N			Columbus, OH	
WOSU-DT3	34.3	I-M			Columbus, OH	
WOSU-DT2	34.2	I-M			Columbus, OH	
WOSU-DT4	34.4	I-M			Columbus, OH	
wosu	34	N			Columbus, OH	
WOSU-HD	34.1	N			Columbus, OH	
WSYX-DT3	6.3	N-M			Columbus, OH	
WSYX-DT2	6.2	I-M			Columbus, OH	
WSYX	6	N			Columbus, OH	
WSYX-HD	6.1	N			Columbus, OH	
WTTE-DT3	28.3	I-M			Columbus, OH	

G

Primary Transmitters: Television

Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		

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

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. 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.

	CHANNEL LINE-UP AV										
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION						
WTTE-DT2	28.2	I-M			Columbus, OH						
WTTE	28	N			Columbus, OH						
WTTE-HD	28.1	N			Columbus, OH						
	<mark></mark>										

G

Primary Transmitters: Television

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

TOTAL CAGE 1.						Accounting	1 EMOD. 2020/1
Armstrong Utilities, In		TEM:			S	34166	Name
SUBSTITUTE CARRIAGE	- SPECIA	AL STATEME	NT AND PROGRAM LO	3			
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every non	nnetwork televiseriod, under spe	sion program broadcast by ecific present and former F0	a distant statio CC rules, regu	lations, or authorizations.	For a further	 Substitute
1. SPECIAL STATEMEN	CONCER	NING SUBSI	TITUTE CARRIAGE				Carriage:
During the accounting per				sis. anv nonn	etwork television progran	n	Special Statement and
broadcast by a distant sta	-	,	, ,	···, -··· , ······		XNo	Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m			
log in block 2.							
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 broatthe 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 state gulations, of tion. Do no Lucy" or "NE n was broad sign of the state and and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	am on a separa attach addition nnetwork televicion and that your authorization of use general of BA Basketball: deast live, entestation broadca on's location (thous, if any, the when your system substitute program carrolisted program carrons in effect di	al pages. rision program (substitute pour cable system substitute) such categories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "lasting the substitute programe community to which the community with which the stem carried the substitute by gram was carried by your lied by a system from 6:01 a was substituted for programing the accounting period	orogram) that ed for the pro neral instructi r "basketball" No." am. e station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	en, during the accounting gramming of another state ons located in the paper? List specific program ensed by the FCC or, in entified). The numerals, with the more accurate 28:30 p.m. should be gour system was require efter "P" if the listed pro	nth ely	
				\ _{\\\}	EN SUBSTITUTE	<u> </u>	
S	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					_		
					<u> </u>	 	
					<u> </u>		
					_	·	
					_		
					_		
						,	
					<u> </u>		
					_	·	
					_		
					_		
					_		

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

	LEGAL NAME OF	OWNER OF CABL	E SYSTEM:							S	YSTEM ID#
Name	Armstrong l										34166
	PART-TIME CA										
J Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."										
			DAT	ES	AND HOURS	OF F	PART-TIME CAF	RRIAGE			
		WHEN	I CARRIAGE OC	CU	IRRED			WHEN	I CARRIAGE O	CCU	RRED
	CALL SIGN		НС	DUR	RS		CALL SIGN		Н	HOURS	
		DATE	FROM		ТО			DATE	FROM		ТО
				_						_	
				_						_	
				 -							
										_	
				_						_	
				_						_	
				<u>-</u>						=	
										_	
				_						_	

	SAJE. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Arn	nstrong Utilities, Inc.	34166	Name			
Inst all a (as	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	dary transmission service	K Gross Receipts			
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)				
Instru Con Con If you fee : If you acco If pa	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of					
▶ If pa	k 3 below. irt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er	ntered on line 2 in block				
	rlow. Irt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered on line				
Block 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					
	Enter the result here. This is your minimum fee.	\$ 339,272.21				
Block 2	pistant television stations carried: Your answer here must agree with the ispace G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column that the property of the pro	n 4, you must check				
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 31,682.71				
	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	\$ 31,682.71				
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	\$ 339,272.21	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing			
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 339,997.21	appropriate form for submitting the			
	EFT Trace # or TRANSACTION ID #		additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta					

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

			FURIVI SAJE. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CAB Armstrong Utilities, Inc		SYSTEM ID# 34166							
M Channels	=	ive (1) the number of channels on which the cable system carried television broadcast station the cable system's total number of activated channels, during the accounting period.	ıs							
	1. Enter the total number of channels on which the cable system carried television broadcast stations									
		of activated channels em carried television broadcast stations ees	508							
N Individual to	INDIVIDUAL TO BE CON we can contact about this	ITACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual statement of account.)								
Be Contacted for Further Information	Name Ken Proud	foot Telephone (724) 283-0925							
		ural route, apartment, or suite number)								
	Butler, PA (City, town, state,	zip)								
	Email Kpr	roudfoot@agoc.com Fax (optional)								
0	CERTIFICATION (This stat	ement of account must be certifed and signed in accordance with Copyright Office regulations	s.)							
Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)								
	(Owner other than corp	poration or partnership) I am the owner of the cable system as identifed in line 1 of space B; or								
		than corporation or partnership) I am the duly authorized agent of the owner of the cable system and that the owner is not a corporation or partnership; or	n as identified							
	(Officer or partner) I a in line 1 of space B.	m an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of	the cable system							
		ment of account and hereby declare under penalty of law that all statements of fact contained here rect to the best of my knowledge, information, and belief, and are made in good faith. 986)]	in							
		/s/ Mark Rankin								
	(e.g.	er an electronic signature on the line above using an "/s/" signature to certify this statement. ., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the bon, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibilit								
	Тур	ed or printed name: Mark Rankin								
	Title	e: Chief Financial Officer (Title of official position held in corporation or partnership)								
	Date	e: August 28, 2020								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name					
Armstrong Utilities, Inc. 34166	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."	P Special Statement Concerning					
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. 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 Mailing Address 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 herex days						
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@copyright.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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

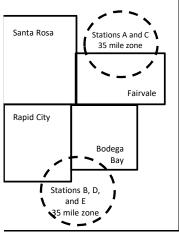
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

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

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

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

DOL SCHEDULE, FAG	L II. (CONTINUED)					STEM ID#				
4										
<u> </u>	Armstrong Utilities, Inc.					34166				
	SUM OF DSEs OF CATEGOR		NS:							
	 Add the DSEs of each station 									
	Enter the sum here and in line	4.50								
	Instructions									
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
	of space G (page 3).									
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."									
of DSEs for Category "O"	mercial educational station, give	re the DSE as	25. CATEGORY "O" STATIO	NIC. DOEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE DSE	CALL SIGN	DSE				
Stations	WPCB	1.000	CALL SIGN	DOL	CALL SIGN	DOL				
	WQED	0.250								
	KDKA	0.250								
	WFXP	1.000								
	WNEO					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Add rows as	WICU	0.250				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
necessary.	WJET	0.250 0.250)				
Remember to copy	WQLN	0.250 0.250) 				
all formula into new	WSEE									
rows.	WSEE	1.000								
						0				
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
						D				
		L				R				

I		l	
I	k	I	

Name		OWNER OF CABLE SYSTEM:						5	SYSTEM ID#
	Armstrong L	Jtilities, Inc.							34166
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station,								
.,,								1	
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	ЭΕ	5. TYPE VALUE	6. DS	SE
			÷		= -)		<u>-</u>	
			÷ ÷				(
			÷		=		` C	=	
			÷		=)	(=	
			÷		=)	(=	
			÷		=		(=	
			÷		=)	(=	
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		hedule,			0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations. Broadcast of space I). Column 2: at your option. Column 3: Column 4:	we the call sign of each stand by your system in substant on October 19, 1976 (one or more live, nonnetwork). This figure should correst enter the number of days Divide the figure in column This is the station's DSE	itution for a pr as shown by to ork programs of number of live spond with the s in the calend an 2 by the fign (For more info	ogram that your syster he letter "P" in column luring that optional carre, nonnetwork program information in space I ar year: 365, except in ure in column 3, and gipmation on rounding, s	n was permitted 7 of space 1); an itage (as shown by as carried in subsection. a leap year. ve the result in cosee page (viii) of	to delete und d y the word "Ye stitution for p olumn 4. Ro the general i	der FCC rules es" in column 2 rograms that v und to no less nstructions in	of were deleted than the third	rm).
			BSTITUTE	-BASIS STATION		ATION OF	DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	/S	1. CALL SIGN	2. NUN OF PRO	MBER DGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
				=			÷		=
				=			÷		=
							-		
		-	-	=			÷		=
	Add the DSEs	÷ s OF SUBSTITUTE-BASI of each station. um here and in line 3 of p	IS STATIONS				0.00		=
5		ER OF DSEs: Give the am s applicable to your systen		boxes in parts 2, 3, and	I 4 of this schedul	e and add the	em to provide t	he total	
Total Number	1. Number o	of DSEs from part 2 ●			·	- _		4.50	
of DSEs	2. Number o	of DSEs from part 3 ●				<u> </u>		0.00	
	3. Number o	of DSEs from part 4 ●			 -	-	Г	0.00	
	TOTAL NUMBE	ER OF DSEs							4.50

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

EGAL NAME OF O	WNER OF CABLES	SYSTEM:					S	48TEM ID# 34166	Namo
nstructions: Bloc	ck A must be comp	leted.							
	"Yes," leave the re	mainder of p	art 6 and part	7 of the DSE sched	ule blank and	complete part	8, (page 16) of the	e	6
f your answer if '	"No," complete blo	cks B and C							Commutation
				TELEVISION MA					Computation 3.75 Fee
fect on June 24,	1981?		•	ller markets as defir			CC rules and regul	ations in	
_	lete blocks B and		O NOT COM	LETE THE NEWA	NDEROLLA	IN CAND I.			
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			1
Column 1: CALL SIGN	under FCC rules	and regulation e DSE Sche	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of t ne 25, 1981. For fur ne letter M below ref Act of 2010.)	ther explanati	on 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 Noncommerica	les and regued pursuant to pur	lations cited be to the FCC ma d in 76.5(kk) (7 al station [76.5	sis on which you ca elow pertain to those rket quota rules [76 6.59(d)(1), 76.61(e) 9(c), 76.61(d), 76.6 raph regarding subs	e in effect on 6.57, 76.59(b), 0(1), 76.63(a) 3(a) referring	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)]	6.63(a) referring to)	
	instructions fo E Carried pursua *F A station prev	r DSE sched ant to individu viously carrie HF station w	ule). ual waiver of Fed on a part-timerithin grade-B	CC rules (76.7) ne or substitute basi contour, [76.59(d)(5)	is prior to Jun	e 25, 1981)]	
Column 3:	*(Note: For those this schedule to d	e stations ide letermine the	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2	2, you must co	omplete the wo	1	Г	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	-
WPCB WQED	A C	1.00 0.25	WJET	D C	0.25 0.25				
KDKA	D	0.25	WSEE	D	1.00				
WFXP	D	1.00							
WNEO	С	0.25				•			
WICU	D	0.25							
								4.50	
		I	BLOCK C: CO	OMPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
ne 2: Enter the	sum of permitted	d DSEs fror	n block B abo	ove					
				of DSEs subject 7 of this schedule		ate.			
ne 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	375	Do any of th
ne 5: Multiply li	ne 4 by 0.0375 a	ınd enter sı	ım here						partially permited/ partially
ne 6: Enter tota	al number of DSE	Es from line	3				X		nonpermitte carriage? If yes, see pa
									9 instruction
ne 7: Multiply li	ine 6 by line 5 an	d enter her	e and on line	2, block 3, space	L (page 7)			0.00	

Name 6	YSTEM ID# 34166						SYSTEM:	IITIES, INC.	GAL NAME OF
			JED)	(CONTIN	SION MARKETS	A: TELEVIS	BLOCK		
6	3. DSE	2. PERMITTED BASIS		3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN
Computation		57.0.0	0.0			0.0.1		57.0.0	
3.75 Fee									

ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

LEGAL NA	Armstrong Utilities, Inc. SYSTEM ID# 34166	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
	B. Enter the total number of exempt DSEs from block C of part 7	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? X Yes—Complete section 3 below. No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the 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. \$\$\text{\$\text{Syndicated Exclusivity Surcharge}}\$\$	
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	· · · · · · · · · · · · · · · · · · ·	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X 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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	,	Armstrong Utilities, Inc.	34166
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u>
	Instru	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	part
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	_	ir answer is "No," compute your system's base rate lee in block b. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	
		e area," see page (v) of the general instructions.	sa.
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is 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) ▶	
		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	0.00
1	1		

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

		3 PERIOD: 2020/1
	IAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nama
Arms	trong Utilities, Inc. 34166	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	_
_	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1) ▶\$	
	B. Enter 0.00701 of gross receipts	
	(the amount in section 1) \$	Computation of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here ►\$	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here > \$	
	G. Add lines A, C, and F. This is your base rate fee	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	Dase Rate Fee	
IMPOR	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
shall in	istead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- Space G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	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 distant to the same	and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number cand the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity
	r: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
_	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you	for Partially
must a	lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and for Partially
How to	o Identify a Subscriber Group for Partially Distant Stations	Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant station you	Stations
	to that community.	
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by me token, the station is distant to the subscriber.)	
subscri	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable	
'	n will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	n section:	
	ify the communities/areas represented by each subscriber group.	
subscri	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.	
• If:		
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
, -	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, t 6 of this schedule.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	alate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions a paper SA3 form.	
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show ctual calculations on the form.	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE Armstrong Utilitie		E SYSTEM:				S	YSTEM ID# 34166	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Greenu	p, WV		COMMUNITY/ AREA	Sandy L	ake, PA		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DSL	CALL SIGN	DOL		1.00	CALL SIGN	DSL	Base Rate Fee
	<mark></mark>			WPCB	•••••			
				WQED	0.25			and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
		-				H		Distant
						-		Stations
						H		Gualons
						-		
						H		
Total DSEs			0.00	Total DSEs			1.25	
Gross Receipts First G	roup	\$ 181	,246.30	Gross Receipts Seco	nd Group	<u>\$</u> 1	33,392.07	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	1,653.06	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Somers	set, PA		COMMUNITY/ AREA	North C	larion, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WPCB	1.00							
		-				-		
		-						
							·····	
			••••••					
Total DSEs	1		1.00	Total DSEs		11	0.00	
Gross Receipts Third G	roup	\$ 329	,540.61	Gross Receipts Fourt	tn Group	<u>s</u> 3	20,970.70	
Base Rate Fee Third G	Group	\$ 3,	,506.31	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th			ber group a	s shown in the boxes a	above.		24 602 = 1	
Enter here and in block	. კ, line 1, s	pace L (page 7)				\$	31,682.71	

Name	34166	518				E SYSTEM:		LEGAL NAME OF OWNER Armstrong Utilities
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A:	В
9		SUBSCRIBER GROUP	SIXTH		IP	SUBSCRIBER GROU	FIFTH	<u> </u>
Computati of		, OH	Andover	COMMUNITY/ AREA		ın, OH	Kinsma	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	=						
		-				-		
Surcharg			_					
Partially								
Distant		-						
Stations								
		-						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	0.00			Total DSEs	0.00			otal DSEs
	5,406.70	<u>\$</u> 65	l Group	Gross Receipts Second	,812.61	\$ 54,	oup	Gross Receipts First Gr
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
		SUBSCRIBER GROUP	EIGHTH S		JP	SUBSCRIBER GROU	EVENTH	
			EIGHTH S	COMMUNITY/ AREA	JP		EVENTH Harrisv	
	DSE			COMMUNITY/ AREA	DSE			COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	COMMUNITY/ AREA
	DSE	W	Hamlin, \		T	ille, WV	Harrisv	OMMUNITY/ AREA
		CALL SIGN	DSE DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN

Name	34166	313				E SYSTEM:	of Cable , Inc.	Armstrong Utilities
		BER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A:	В
•		SUBSCRIBER GROUP	TENTH		JP	SUBSCRIBER GROU	NINTH	
and Syndicate Exclusivi Surcharg		ОН	Medina,	COMMUNITY/ AREA		Isville, PA	Connel	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate						-		
Exclusivit								
Surcharg								
for								
Partially								
Distant								
Stations								
			 			-		
	0.00			Total DSEs	0.00			otal DSEs
	,966.64	£ 1.9/1	l Group	Gross Receipts Second	,089.95	£ 3.35/1	NID.	Gross Receipts First Gr
	,300.04	\$ 1,941	Gloup	Gross Neceipts Second	,009.33	\$ 3,354,	σup	Bross Receipts First Gr
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	3ase Rate Fee First Gr
		SUBSCRIBER GROUP	TWELVTH		JP	SUBSCRIBER GROU	EVENTH.	El
		alia DA				OΠ	O	COMMUNITY/ AREA
		elle, PA	Butler/Z	COMMUNITY/ AREA		, ОП	Orrville	
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
				CALL SIGN				CALL SIGN
	0.00	CALL SIGN			0.00	CALL SIGN		CALL SIGN
		CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	

Name	YSTEM ID# 34166	31					s, Inc.	Armstrong Utilities
9	P	BER GROUP SUBSCRIBER GROUF		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Computation		ОН	Ashland	COMMUNITY/ AREA		Point, OH	South P	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate and								
Syndicate							-	
Exclusivi			-				-	
Surcharg for			-				-	
Partially								
Distant Stations							-	
Stations						-	-	
							-	
	0.00			Total DSEs	0.00			Γotal DSEs
		s 1,70	Craun		,607.16	s 1,969,	oup	Gross Receipts First Gr
	00,900.98	· · · · · · · · · · · · · · · · · · ·	Group	Gross Receipts Second				
	00,900.98		Group	Gross Receipts Second				
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$		
	0.00	\$ SUBSCRIBER GROUF	I Group	Base Rate Fee Second	0.00	SUBSCRIBER GROU	TEENTH	FII
	0.00	\$ SUBSCRIBER GROUF	I Group	Base Rate Fee Second	0.00		TEENTH	FII
	0.00	\$ SUBSCRIBER GROUF	I Group	Base Rate Fee Second	0.00	SUBSCRIBER GROU	TEENTH	FII COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUF & Crawford Counti	I Group XTEENTH: Warren 8	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	TEENTH	FII COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUF & Crawford Counti	TOTOUP XTEENTH S Warren 8	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	Venang DSE	FII COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUF & Crawford Counti	TOTOUP XTEENTH S Warren 8	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	Venang DSE	FII COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUF & Crawford Counti	TOTOUP XTEENTH S Warren 8	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	Venang DSE	FII COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUF & Crawford Counti	TOTOUP XTEENTH S Warren 8	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	Venang DSE	FII COMMUNITY/ AREA CALL SIGN
	ROUP ounties, PA	\$ SUBSCRIBER GROUF & Crawford Counti	TOTOUP XTEENTH S Warren 8	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	Venang DSE	FII COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUF & Crawford Counti	TOTOUP XTEENTH S Warren 8	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	Venang DSE	FII COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUF & Crawford Counti	TOTOUP XTEENTH S Warren 8	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	Venang DSE	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF & Crawford Counti	TOTOUP XTEENTH S Warren 8	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	Venang DSE	FII COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUF & Crawford Counti	TOTOUP XTEENTH S Warren 8	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	Venang DSE	FII COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUF & Crawford Counti	TOTOUP XTEENTH S Warren 8	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	Venang DSE	FII COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUF & Crawford Counti	TOTOUP XTEENTH S Warren 8	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	Venang DSE	COMMUNITY/ AREA CALL SIGN WFXP
	0.00 Pies, PA DSE	SUBSCRIBER GROUF CALL SIGN	DSE 0.25	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN KDKA	0.00 JP ties, PA DSE	SUBSCRIBER GROU O & Forest Count CALL SIGN	DSE 1.00	FII COMMUNITY/ AREA CALL SIGN

Name	STEM ID# 34166						s, Inc.	Armstrong Utilities
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
^		SUBSCRIBER GROUP	HTEENTH S	EIG		SUBSCRIBER GROU		SEVEN
9 Computat	COMMUNITY/ AREA W. Mahoning & Trumbull County, O		ty, OH	Mahoning Count	Eastern	COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate			0.25	WQED		-		
and								
Syndicat						=		
Exclusiv								
Surchar	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
for								
Partiall	.							
Distan	.							
Station								
	.							
	0.25		<u> </u>	Total DSEs	0.00		1	Total DSEs
	•	\$ 2,290	l Group	Gross Receipts Second	125.47	\$ 3,301,	oup	Gross Receipts First Gr
	0,697.23	* -, -						
	0,697.23		·					
	0,697.23 6,093.25			Base Rate Fee Second	0.00	\$	oup	3ase Rate Fee First Gr
	6,093.25		l Group		'	\$ SUBSCRIBER GROU		
	6,093.25	\$ 6	I Group		P	,	NTEENTH	NIN
	6,093.25	\$ 6	I Group	TW	P	SUBSCRIBER GROU	NTEENTH	NIN
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	I Group VENTIETH S Venango	TW COMMUNITY/ AREA	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	\$ 6 SUBSCRIBER GROUP Counties, PA	Group VENTIETH S Venango DSE	TW COMMUNITY/ AREA CALL SIGN	P ties, PA	SUBSCRIBER GROU & Lawrence Coun	NTEENTH Butler &	NIN COMMUNITY/ AREA
	6,093.25	SUBSCRIBER GROUP Counties, PA CALL SIGN	VENTIETH S Venango DSE 0.25	CALL SIGN WNEO	DSE	SUBSCRIBER GROU Lawrence Coun CALL SIGN	DSE DSE	COMMUNITY/ AREA

GAL NAME OF OWNER OF CABLE SYSTEM: rmstrong Utilities, Inc.			•	34166
BLOCK A: COMPUTATION OF BASE F	TT .			
TWENTY-FIRST SUBSCRIBER GROUP			SUBSCRIBER GRO	
OMMUNITY/ AREA North Central Mercer County, P.	COMMUNITY/ AREA	Southern	n Mercer County, PA	
CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE
PCB 1.00	WPCB	1.00		
QED 0.25				
	Total DSEs			1.00
tal DSEs 1.25	- 11			899,152.90
<u></u>	Gross Receipts Seco	nd Group	\$	099,132.90
tal DSEs 1.25 oss Receipts First Group \$ 94,600.51	Gross Receipts Seco	ond Group	\$	099,132.90
<u></u>	- 1		\$	9,566.99
s Receipts First Group \$ 94,600.51	Base Rate Fee Seco	ond Group		9,566.99
\$ 94,600.51 see Rate Fee First Group \$ 1,172.34	Base Rate Fee Seco	ond Group	\$	9,566.99
se Rate Fee First Group \$ 94,600.51 se Rate Fee First Group \$ 1,172.34 TWENTY-THIRD SUBSCRIBER GROUP MMUNITY/ AREA Crawford & Erie Counties, PA	Base Rate Fee Second TWEN COMMUNITY/ AREA	ond Group	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 SEE RATE FEE FIRST GROUP \$ 1,172.34 TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA	TY-FOURTH	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 SEE RATE FEE FIRST GROUP \$ 1,172.34 TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA	TY-FOURTH Mercer C	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 SEE RATE FEE FIRST GROUP \$ 1,172.34 TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU	TY-FOURTH Mercer C DSE 1.00 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group TWENTY-THIRD SUBSCRIBER GROUP MMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET	TY-FOURTH Mercer C DSE 1.00 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 SEE RATE FEE FIRST GROUP \$ 1,172.34 TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU	TY-FOURTH Mercer C DSE 1.00 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN	DSE 1.00 0.25 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN	DSE 1.00 0.25 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN	DSE 1.00 0.25 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN	DSE 1.00 0.25 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN	DSE 1.00 0.25 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN	DSE 1.00 0.25 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN	DSE 1.00 0.25 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN	DSE 1.00 0.25 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN	DSE 1.00 0.25 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN	DSE 1.00 0.25 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 94,600.51 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN WSEE	DSE 1.00 0.25 0.25 0.25	\$ SUBSCRIBER GRO	9,566.99
se Rate Fee First Group \$ 1,172.34 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE DKA 0.25 tal DSEs 0.25	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN WSEE Total DSEs	DSE 1.00 0.25 0.25 1.00	\$ SUBSCRIBER GRO	9,566.99 UP DSE 2.75
se Rate Fee First Group \$ 1,172.34 TWENTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA Crawford & Erie Counties, PA CALL SIGN DSE CALL SIGN DSE DKA 0.25	Base Rate Fee Second TWEN COMMUNITY/ AREA CALL SIGN WFXP WICU WJET WQLN WSEE	DSE 1.00 0.25 0.25 1.00	\$ SUBSCRIBER GRO	9,566.99 UP DSE

	s, Inc.						34166	Name
				TE FEES FOR EACH				
TWEN		SUBSCRIBER GRO				SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA	French	Creek Township	, PA	COMMUNITY/ AREA	Venango	o County, PA		Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WFXP	1.00							Base Rate I
								and
								Syndicate
								Exclusivit
								Surcharg
								for
								Partially
								Distant
								Stations

					•			
		•						
Fotal DSEs	1		1.00	Total DSEs	1		0.00	
			_			-	-	
Gross Receipts First G	roup	\$	9,211.92	Gross Receipts Second	d Group	\$	51,282.58	
Base Rate Fee First G	roup	\$	00.04				0.00	
	•	Ψ	98.01	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-		SUBSCRIBER GRO				SUBSCRIBER GROU		
	SEVENTH		UP		Y-EIGHTH			
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
	SEVENTH	SUBSCRIBER GRO	UP	TWENT	Y-EIGHTH	SUBSCRIBER GROU		
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	DSE	TWENT COMMUNITY/ AREA CALL SIGN	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	PDSE	
CALL SIGN	SEVENTH	SUBSCRIBER GRO	UP entral Cr	TWENT	Y-EIGHTH Morrow	SUBSCRIBER GROU County, OH	P	
CALL SIGN CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GRO n Erie & North C CALL SIGN	DSE	TWENT COMMUNITY/ AREA CALL SIGN	Y-EIGHTH Morrow DSE	SUBSCRIBER GROU County, OH CALL SIGN	P DSE	
COMMUNITY/ AREA	DSE DSE	SUBSCRIBER GRO n Erie & North C CALL SIGN	DSE DSE 0.00	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	Y-EIGHTH Morrow DSE	SUBSCRIBER GROU County, OH CALL SIGN	DSE DSE O.000	
CALL SIGN CALL SIGN Total DSEs	SEVENTH Western DSE	SUBSCRIBER GRO n Erie & North C CALL SIGN \$ 363	DSE	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	Y-EIGHTH Morrow DSE Group	SUBSCRIBER GROU County, OH CALL SIGN	DSE 0.00 39,929.84	
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third G	SEVENTH Western DSE	SUBSCRIBER GRO n Erie & North C CALL SIGN	DSE DSE 0.00	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	Y-EIGHTH Morrow DSE Group	SUBSCRIBER GROU County, OH CALL SIGN	DSE DSE O.000	
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third G	SEVENTH Western DSE	SUBSCRIBER GRO n Erie & North C CALL SIGN \$ 363	DSE	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	Y-EIGHTH Morrow DSE Group	SUBSCRIBER GROU County, OH CALL SIGN	DSE 0.00 39,929.84	
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third G	SEVENTH Western DSE Group	SUBSCRIBER GRO n Erie & North C CALL SIGN \$ 363	0.00 0.00	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	Y-EIGHTH Morrow DSE Group	SUBSCRIBER GROU County, OH CALL SIGN	DSE 0.00 39,929.84	

LEGAL NAME OF OWNE Armstrong Utilities		E SYSTEM:	•			SY	STEM ID# 34166	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA	Greenu	ıp, WV		COMMUNITY/ AREA	TY/ AREA Sandy Lake, PA		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
						L		Stations
		+				-		
	<u>u</u>	H				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 181,	246.30	Gross Receipts Second	d Group	<u>\$</u> 13	33,392.07	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	Somers	set, PA		COMMUNITY/ AREA	North C	larion, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+				-	<u> </u>	
		-						
		=						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 329,	540.61	Gross Receipts Fourth	Group	\$ 32	20,970.70	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			iber group a	as shown in the boxes at	oove.		0.00	
Enter here and in block	ა, iine 1, s	pace ∟ (page 7)				\$	0.00	

Nonpermitted 3.75 Stations

Armstrong Utilities	R OF CABLI s, Inc.	E SYSTEM:		mitted 0.70 Otal		S	34166	Name
В				TE FEES FOR EACH				
COMMUNITY/ AREA	FIFTH Kinsma	SUBSCRIBER GROU	JP	COMMUNITY/ AREA		SUBSCRIBER GROU	Jb	9
COMMONITY AREA	KillSilla			COMMONT TO AREA	Alluove	, 011		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						_		Base Rate F
								and Syndicate
						_		Exclusivity
						=		Surcharge
								for
								Partially
								Distant
								Stations
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 54,	,812.61	Gross Receipts Second	d Group	\$	65,406.70	
Base Rate Fee First Gr	oup	\$	0.00 Base Rate Fee Second Group \$ 0.00					
	051/51/51/51	OUDOODIDED ODOU	<u> </u>		FIGURE			
		SUBSCRIBER GROU	IP			SUBSCRIBER GROU	JP	
	SEVENTH Harrisv		JP	COMMUNITY/ AREA			JP	
			DSE	COMMUNITY/ AREA			JP DSE	
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	Harrisv	ille, WV	T		Hamlin,	WV		
CALL SIGN	Harrisv	ille, WV	T		Hamlin,	WV		
COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

34166 Nar					LEGAL NAME OF OWNER Armstrong Utilities
EES FOR EACH SUBSCRIBER GROUP	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BI
TENTH SUBSCRIBER GROUP		IP	SUBSCRIBER GROU	NINTH	
MMUNITY/ AREA Medina, OH Compu	COMMUNITY/ AREA		Isville, PA	Connell	COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra					
an			-		
Syndi					
Exclu					
Surch					
fo					
Parti					
Dist					
Stati					
				<u> </u>	
al DSEs 0.00	Total DSEs	0.00			Total DSEs
ss Receipts Second Group \$ 1,941,966.64	Gross Receipts Second	089.95	\$ 3,354,	oup	Gross Receipts First Gro
ss Receipts Second Group \$ 1,941,966.64					
		0.00			
se Rate Fee Second Group \$ 0.00		0.00	\$		
se Rate Fee Second Group \$ 0.00 TWELVTH SUBSCRIBER GROUP		'	SUBSCRIBER GROU	EVENTH	EL
se Rate Fee Second Group \$ 0.00 TWELVTH SUBSCRIBER GROUP		'	SUBSCRIBER GROU		EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA		'	SUBSCRIBER GROU	EVENTH	EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL COMMUNITY/ AREA
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL COMMUNITY/ AREA
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL COMMUNITY/ AREA
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL COMMUNITY/ AREA
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	COMMUNITY/ AREA
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	EL COMMUNITY/ AREA
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA ALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH Orrville	CALL SIGN
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA ALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE	CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU , OH CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
TWELVTH SUBSCRIBER GROUP MMUNITY/ AREA Butler/Zelie, PA ALL SIGN DSE CALL SIGN DSE ALL SIGN DSE OLD SIGN DSE BUTLET SIGN DSE ALL SIGN DSE OLD SIGN DSE ALL SIGN DSE OLD SIGN DSE BUTLET SI	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	DSE DSE	SUBSCRIBER GROU , OH CALL SIGN	DSE	EL COMMUNITY/ AREA

Nonpermitted 3.75 Stations

EGAL NAME OF OWNER Armstrong Utilities		E SYSTEM:				SY	34166	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
THIE	RTEENTH	SUBSCRIBER GROU	Р	FOL	RTEENTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA	South F	Point, OH		COMMUNITY/ AREA	Ashland	I ОН		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
		-						Syndicated
					•		0	Exclusivity
		-						Surcharge
								for
								Partially
						-		Distant
		-						Stations
					.		l	
							d	
								
Total DSEs			0.00	Total DSEs	l		0.00	
Gross Receipts First Gr	oup	\$ 1,969,	607.16	Gross Receipts Second	l Group	s 1,700	0,900.98	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FII		SUBSCRIBER GROU				SUBSCRIBER GROUP		
COMMUNITY/ AREA	Venang	o & Forest Count	ies, PA	COMMUNITY/ AREA	Warren	& Crawford Countie	es, PA	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						_		
						-		
		-				-		
		-				-		
					Ī			
otal DSEs	1		0.00	Total DSEs	<u>I</u>		0.00	
Gross Receipts Third G	roup	s 193.			Group	\$ 384		
,	•			,				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
roup \$	e 1		0.00	Gross Receipts Fourth	Group		4,623.44	

nty, O Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations	SUBSCRIBER GROUP ning & Trumbull County, C	HTEENTH					В
Computation DSE of Base Rate Fermand Syndicated Exclusivity Surcharge for Partially Distant	ning & Trumbull County, C			P	CLIBCODIDED CDOLL		
Computation DSE of Base Rate Fermand Syndicated Exclusivity Surcharge for Partially Distant		W. Maho			SUBSCRIBER GROU	ITEENTH	SEVEN
DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant	······································	COMMUNITY/ AREA W. Mahoning & Trumbull County, O		ty, OH	n Mahoning Count	Eastern	COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant							
Exclusivity Surcharge for Partially Distant							
Surcharge for Partially Distant							
for Partially Distant							
Partially Distant					-		
Distant					-		
Stations							
		.					
0.00	0.00		Total DSEs	0.00			Fotal DSEs
	\$ 2,290,697.23	l Group	Gross Receipts Second	125.47	\$ 3,301,	auc	Gross Receipts First Gr
	-,,				, ,,,,,		
0.00	\$ 0.00	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	SUBSCRIBER GROUP	VENTIETH	TV	Р	SUBSCRIBER GROU	ITEENTH	NIN
	Counties, PA	Venange	COMMUNITY/ AREA	ties, PA	& Lawrence Coun	Butler &	COMMUNITY/ AREA
DSE	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							
		•			-		
		•					
0.00	0.00	<u> </u>	Total DSEs	0.00			Fotal DSEs
		Cro			400		
55.60	\$ 93,585.60	Group	Gross Receipts Fourth	974.17	\$ 488,	oup	Gross Receipts Third G
	\$ 0.00	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

	YSTEM ID# 34166	SY				E SYSTEM:		LEGAL NAME OF OWNER Armstrong Utilities
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (B
	Р	SUBSCRIBER GROUP	'-SECOND	TWENT	Р	SUBSCRIBER GROU	TY-FIRST	TWEN
9 Computati	PA	n Mercer County, l	Souther	COMMUNITY/ AREA	unty, P/	Central Mercer Co	North C	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi								
Surcharg								
for								
Partially								
Distant								
Stations								
1								
"								
				Total DSEs	0.00		l l	Total DSEs
-	0.00							
 	0.00 99,152.90	\$ 89	d Group	Gross Receipts Second	000.01	<u> </u>	•	
		\$ 89	d Group	Gross Receipts Second		<u>, , , , , , , , , , , , , , , , , , , </u>		
		\$ 89		Base Rate Fee Second	0.00	\$		Base Rate Fee First Gr
	0.00		d Group	Base Rate Fee Second	0.00		oup	
	0.00	\$	d Group Y-FOURTH	Base Rate Fee Second	0.00	\$	oup Y-THIRD	TWENT
	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	COMMUNITY/ AREA
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT
	99,152.90 0.00	SUBSCRIBER GROUP	d Group /-FOURTH Mercer C	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00 P s, PA	\$ SUBSCRIBER GROU rd & Erie Counties	Y-THIRD	TWENT COMMUNITY/ AREA CALL SIGN
	0.00 DSE 0.00	SUBSCRIBER GROUP County, PA CALL SIGN	d Group (-FOURTH Mercer C	TWENTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 P s, PA DSE 0.00	SUBSCRIBER GROU rd & Erie Counties CALL SIGN	Y-THIRD Crawfor	TWENT COMMUNITY/ AREA CALL SIGN Fotal DSEs
	99,152.90 0.00 P DSE	SUBSCRIBER GROUP County, PA CALL SIGN	d Group (-FOURTH Mercer C	TWENTY COMMUNITY/ AREA CALL SIGN	0.00 P s, PA DSE	SUBSCRIBER GROU rd & Erie Counties CALL SIGN	Y-THIRD Crawfor	TWENT

Manage	YSTEM ID# 34166	S'				E SYSTEM:		LEGAL NAME OF OWNER Armstrong Utilities
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (B
0	Р	SUBSCRIBER GROU	NTY-SIXTH	TWE	IP	SUBSCRIBER GROU	TY-FIFTH	TWEN
9 Computati		County, PA	Venango	COMMUNITY/ AREA	PA	Creek Township,	French	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and			-					
Syndicate			-					
Exclusivit						-		
Surcharg			-					
for		_	-					
Partially								
Distant			-					
Stations			-					
Otations			-					
1			-					
1			<u> </u>					
			.					
4								
				T-+-I DOF-	0.00			T-4-L DOE-
<u> </u> 				Total DSEs	0.00			Total DSEs
	0.00				211.92	<u>\$</u>	oup	Gross Receipts First Gr
	51,282.58	\$	d Group	Gross Receipts Second				
		\$!		Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	0.00		d Group	Base Rate Fee Second		\$ SUBSCRIBER GROU		
	0.00	\$	d Group Y-EIGHTH	Base Rate Fee Second	IP		EVENTH	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP	d Group Y-EIGHTH	Base Rate Fee Second	IP	SUBSCRIBER GROU	EVENTH	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S
	0.00	\$ SUBSCRIBER GROUP County, OH	d Group Y-EIGHTH Morrow	Base Rate Fee Second TWENT COMMUNITY/ AREA	ntral Cr	SUBSCRIBER GROU n Erie & North Ce	EVENTH :	TWENTY-S COMMUNITY/ AREA CALL SIGN
	0.00 P DSE	SUBSCRIBER GROUD County, OH CALL SIGN	Y-EIGHTH Morrow DSE	TWENT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU n Erie & North Ce CALL SIGN	DSE	TWENTY-S

FORM SA3E, PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 3416
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
Gomputation of Base Rate Fee and Syndicated Exclusivity Surcharge	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market Second 50 major television market
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.
	FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for
	this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SI	UBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you n Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is I by section 76.5 of FCC rules in effect on June 24, 1981:	•
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant	☐ First 50 major television market ☐ Second 50 major television market	nat were classified as 4 of part 7 of this
Stations	your actual calculations on this form.	
	FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBE	ER GROUP
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	\$
	SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIE	BER GROUP
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group\$ SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	\$

FORM SA3E, PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc.	SYSTEM ID# 34166		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
Gomputation of Base Rate Fee	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS:	the station is not exempt in Part 7, you mustalso compute a rket any portion of your cable system is located in as defined Second 50 major television market		
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 			
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP		
	NINTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	total number of DSEs for this subscriber group subject to the surcharge computation	total number of DSEs for this subscriber group subject to the surcharge computation		

FORM SA3E, PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc.	SYSTEM ID# 34166		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
Gomputation of Base Rate Fee and Syndicated	If your cable system is located within a top 100 television market and to Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.	the station is not exempt in Part 7, you mustalso compute a rket any portion of your cable system is located in as defined Second 50 major television market critical VHF Grade B contour stations listed in block A, part 9 of		
Exclusivity Surcharge for Partially Distant Stations	 Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 			
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Second Group		
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page			

FORM SA3E, PAGE 20.

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID			
Name	Armstrong Utilities, Inc. 3416			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:			
Computation of	☐ First 50 major television market ☐ Second 50 major television market			
Base Rate Fee	INSTRUCTIONS:			
and Syndicated Exclusivity Surcharge	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. 			
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 			
	TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
	SYNDICATED EXCLUSIVITY SURCHARGE First Group			
	TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group			
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)			

FORM SA3E PAGE 20

	T	FURM SA3E. PAGE 20.	
Name	Armstrong Utilities, Inc.	SYSTEM ID# 34166	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9 Computation	If your cable system is located within a top 100 television market and to Syndicated Exclusivity Surcharge. Indicate which major television market systems by section 76.5 of FCC rules in effect on June 24, 1981:	the station is not exempt in Part 7, you mustalso compute a	
of	_ ,	Second 50 major television market	
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comme	rcial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.		
	TWENTY-FIFTH SUBSCRIBER GROUP	TWENTY-SIXTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1	
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group	
	TWENTY-SEVENTH SUBSCRIBER GROUP	TWENTY-EIGHTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
		computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group\$	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page		