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

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@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 subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submine a single statement of account and royalty fee payment covering the entire accounting period Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 0346							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	COUNTRY CABLEVISION INC							
	PO BOX 457 BURNSVILLE NC 28714			034643 2020/1				
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the business	and operation of the syst	em unless these				
С	names already appear in space B. In line 2, give the mailing address		. ,					
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identii	fy only the frst comm	unity served below and re	list on page 1b				
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First	BURNSVILLE	NC						
Community	Below is a sample for reporting communities if you report multiple cl	hannel line-ups in Sp	ace G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	Α	1				
	Alliance	MD	В	2				
	Gering	MD	В	3				
form in order to pro numbers. By provic search reports prep	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to colle cess your statement of account. PII is any personal information that can be used to identi ling PII, you are agreeing to the routine use of it to establish and maintain a public record, vared for the public. The effect of not providing the PII requested is that it may delay proce of statements of account, and it may affect the legal sufficiency of the fling, a determination	fy or trace an individual, s which includes appearing essing of your statement o	uch as name, address and telepl in the Offce's public indexes and f account and its placement in th	none d in				

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/28/2020

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
COUNTRY CABLEVISION INC			034643	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communiti t community that	es within unincorp you list will serve a	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	-	-	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. İ	you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	7
BURNSVILLE	NC	Α	2	First
YANCEY COUNTY	NC	A	2	Community
MADISON COUNTY	NC	A	2	Community
MITCHELL COUNTY	NC	Â	-	
SPRUCE PINE	NC			
		A	1	
LITTLE SWITZERLAND	NC	Α	3	See instructions for
				additional information
				on alphabetization.
				Add rows as necessary.
	[
	•			

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:									S	-	EM ID
Nume		N INC										0;	3464
Е	SECONDARY TRANSMISSION		-	-									
	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												
Secondary	system, that is, the retransmission about other services (including p												
Transmission													
Service: Sub-	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												
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in												
Rates	each category by counting the n									charged			
	separately for the particular serv Rate: Give the standard rate c									e and the			
	unit in which it is generally billed										te		
	category, but do not include disc	ounts allowed	for adv	ance payment.									
	Block 1: In the left-hand block	•		-			•						
	systems most commonly provide that applies to your system. Not										у		
	categories, that person or entity										al		
	subscriber who pays extra for ca												
	first set" and would be counted of												
	Block 2: If your cable system	-		•							_		
	printed in block 1 (for example, t with the number of subscribers a										ſ		
	sufficient.		singinei					bonpu					
	BLC	DCK 1							BLOC		_		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE		CATE	GORY O	F SEF	RVICE	NO. O SUBSCRIE		R	RATE
	Residential:	COBCOTUB		Totte		0/112		U DEI		CODOOIN			
	Service to first set		2,403	\$ 60.99						1	.335	\$	24.
	 Service to additional set(s) 												
	• FM radio (if separate rate)												
	Motel, hotel												
	Commercial												
	Converter												
	 Residential 												
	 Non-residential 												
		1			1								
	SERVICES OTHER THAN SEC In General: Space F calls for rate	-			-	st to all			tom's son	icos that wa	vro		
F	not covered in space E, that is, t		,		•		•	•					
	service for a single fee. There ar												
Services	furnished at cost or (2) services												
Other Than	amount of the charge and the un		usually	billed. If any r	ates a	are cha	arged on a	a varia	able per-pr	ogram basis	s,		
Secondary Transmissions:	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.												
Rates	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) descrip	tion and inclue	le the ra	ate for each.					1				
		BLO								BLO	-		
	CATEGORY OF SERVICE	RATE		GORY OF SER			RATE		CATEGO	RY OF SEP	RVICE	R	RATE
	Continuing Services:			ation: Non-res	siden	tial							
	• Pay cable	\$ 19.00		tel, hotel									
	Pay cable—add'l channel Fire protection	10.00-15.00	-	mmercial									
	Fire protection Burglar protection			y cable v cable add'l cl	honn	a							
	•Burglar protection Installation: Residential			y cable-add'l cl e protection	nanne	CI							
	• First set	\$ 39.00		e protection	,								
	Additional set(s)	\$ 39.00 \$ 10.00		services:									
	• FM radio (if separate rate)	ψ 10.00		connect			\$ 29	.00					
	• Converter			connect			¥ 43						
				tlet relocation									
								1					
			_	ve to new add	ress								

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting		2020/1	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)				
Period							

1	INSTR	UCTIONS:	
B	Give 1	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full	
/ner (corpo	rate title of the subsidiary, not that of the parent corporation.	
1	In line	2, list any other names under which the owner conducts the business of the cable system.	
1	If ther	e were different owners during the accounting period, only the owner on the last day of the accounting period should submit	
4	a sing	le statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	034643
		LEGAL NAME OF OWNER OF CABLE SYSTEM:	
		COUNTRY CABLEVISION INC	
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
F	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	
		PO BOX 457	
		(Number, street, rural route, apartment, or suite number)	
		BURNSVILLE NC 28714	
		(City, town, state, zip)	
	INISTRI	JCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
		already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
c ľ	namos	aneady appear in space D. In line 2, give the maining address of the system, in different form the address given in space D.	
ystem	1	IDENTIFICATION OF CABLE SYSTEM:	
-		MAILING ADDRESS OF CABLE SYSTEM:	
		Number, street, rural route, apartment, or suite number)	
		(Chy, lown, state, zp code)	

E		CK 1						
		NO. OF						
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE					
Secondary	Residential:							
Transmission	 Service to first set 	2,403	60.99					
Service: Sub-	 Service to additional set(s) 							
scribers and	FM radio (if separate rate)							
Rates	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
		1						
			BLOCK 1]		
-	CATEGORY OF SERVICE	RATE	CATEGORY OF	SERVICE	RATE			
F	Continuing Services:		Installation: No	n-residential				
	Pay cable	19.00		Motel, hotel				
Services	Pay cable—add'l channel	10.00-15.00		Commercial				
Other Than	Fire protection			Pay cable				
Secondary	 Burglar protection 		1	Pay cable-add'l channel				
Transmissions:	Installation: Residential		1	Fire protection				
Rates	First set	39.00		Burglar protection				
	 Additional set(s) 	10.00	Other services:]		
	FM radio (if separate rate)			Reconnect	29.00			
	Converter			Disconnect				
			1	Outlet relocation				
		1		 Move to new address 				
	CHANNELS							
м	Instructions: You must give (1)	the number of cha	nnels on which	the cable system carried te	levision broadcast	stations		
	to its subscribers and (2) the cab					3640013		
	to its subscribers and (2) the call	ne system s total n	uniber of activa	ted channels, during the ac	counting period.			
Channels								
	1. Enter the total number of channels on which the cable							
	1. Enter the total number of char	nnels on which the	cable			7		
	1. Enter the total number of char system carried television broad					7		
						7		
		Icast stations				7		
	system carried television broad 2. Enter the total number of activ	dcast stations rated channels						
	system carried television broad2. Enter the total number of activ on which the cable system carr	Icast stations rated channels ried television broa				63		
	system carried television broad 2. Enter the total number of activ	Icast stations rated channels ried television broa						
	system carried television broad2. Enter the total number of activ on which the cable system carr	Icast stations rated channels ried television broa						
	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services	Icast stations rated channels ried television broa	adcast stations	IS NEEDED (Identify an inc	lividual			
N	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT	acast stations	adcast stations	IS NEEDED (Identify an inc	lividual			
N	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services	acast stations	adcast stations	IS NEEDED (Identify an inc	lividual			
N Individual to	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT	acast stations	adcast stations	IS NEEDED (Identify an inc	iividual			
N Individual to Be Contacted	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem	tated channels ried television broz ED IF FURTHER I ent of account.)	Adcast stations	IS NEEDED (Identify an inc		63		
N Individual to Be Contacted for Further	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT	acast stations	Adcast stations	IS NEEDED (Identify an inc	lividual Telephone			
N Individual to Be Contacted	System carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name	dcast stations	Adcast stations	IS NEEDED (Identify an inc		63		
N Individual to Be Contacted for Further	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem	Acast stations rated channels ried lelevision broa ED IF FURTHER I ent of account.) SHERRY FER PO BOX 457	NFORMATION		Telephone	63		
N Individual to Be Contacted for Further	System carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name	Ideast stations rated channels ried television broo ED IF FURTHER I ent of account.) SHERRY FEI PO BOX 457 (Num	NFORMATION	IS NEEDED (Identify an ind	Telephone	63		
N Individual to Be Contacted for Further	System carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name	Ideast stations rated channels ried television broa ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE	NFORMATION	oute, apartment, or suite numb	Telephone	63 828-682-4706		
N Individual to Be Contacted for Further	System carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name	Ideast stations rated channels ried television broa ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE	NFORMATION	oute, apartment, or suite numb	Telephone er)	63 828-682-4706		
N Individual to Be Contacted for Further	System carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name	Ideast stations rated channels ried television broa ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE	NFORMATION	oute, apartment, or suite numb	Telephone er)	63 828-682-4706		
N Individual to Be Contacted for Further	System carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name	Ideast stations rated channels ried television broa ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE	NFORMATION NFORMATION NDER ber, street, rural r E NC 28714 town, state, zip)	oute, apartment, or suite numb	Telephone er)	63 828-682-4706		
N Individual to Be Contacted for Further	2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address	Acast stations rated channels ried television broo ED IF FURTHER I PO BOX 457 (Num BURNSVILLE (City,	NFORMATION NFORMATION NDER ber, street, rural r E NC 28714 town, state, zip)	oute, apartment, or suite numb	Telephone er)	63 828-682-4706		
N Individual to Be Contacted for Further	2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address	Acast stations rated channels ried television broo ED IF FURTHER I PO BOX 457 (Num BURNSVILLE (City,	NFORMATION NFORMATION NDER ber, street, rural r E NC 28714 town, state, zip)	oute, apartment, or suite numb	Telephone er)	63 828-682-4706		
N Individual to Be Contacted for Further	System carried television broad 2. Enter the total number of activ on which the cable system carr and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional)	Icast stations rated channels ried television broo ED IF FURTHER hent of account.) SHERRY FEI PO BOX 457 (Num BURNSVILLE (City, sherry@cccyr	NFORMATION NDER ber, street, rural r E NC 28714 town, state, zip)	oute, apartment, or suite numb	Telephone er) Fax (optional)	63 828-682-4706		
N Individual to Be Contacted for Further Information	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional) CERTIFICATION (This statement	Icast stations rated channels ried television broa ED IF FURTHER I ED IF FURTHER I PO BOX 457 (Num BURNSVILLE (Cay, sherry@ccvr of account must b	NFORMATION NFORMATION Der, street, rural r E NC 28714 town, state, zip) LCOM	oute, apartment, or suite numb	Telephone er) Fax (optional)	63 828-682-4706		
N Individual to Be Contacted for Further Information	System carried television broad 2. Enter the total number of activ on which the cable system carr and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional)	Icast stations rated channels ried television broz ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE (City. sherry@ccvr of account must b be submitted with	NFORMATION NFORMATION NDER Der, street, rural r E NC 28714 town, state, zip) NCOM	oute, apartment, or suite numb	Fax (optional)	63 828-682-4706		
N Individual to Be Contacted for Further Information	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	Icast stations rated channels ried television broz ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE (City. sherry@ccvr of account must b be submitted with	NFORMATION NFORMATION NDER Der, street, rural r E NC 28714 town, state, zip) NCOM	oute, apartment, or suite numb	Fax (optional)	63 828-682-4706		
N Individual to Be Contacted for Further Information	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	Icast stations rated channels ried television broz ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE (City. sherry@ccvr of account must b be submitted with	NFORMATION NFORMATION NDER Der, street, rural r E NC 28714 town, state, zip) NCOM	oute, apartment, or suite numb	Fax (optional)	63 828-682-4706		
N Individual to Be Contacted for Further Information	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	Icast stations rated channels ried television broz ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE (City. sherry@ccvr of account must b be submitted with	NFORMATION NFORMATION NDER Der, street, rural r E NC 28714 town, state, zip) NCOM	oute, apartment, or suite numb gned in accordance with Cc s/* signature (e.g., /s/John in Space O of tab *page 8, t	Fax (optional)	63 828-682-4706		
N Individual to Be Contacted for Further Information	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	Icast stations rated channels ried television broz ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE (City. sherry@ccvr of account must b be submitted with	NFORMATION NDER Der, street, rural r E NC 28714 town, state, zip) LCOM e certifed and si an electronic "/ e signature box	oute, apartment, or suite numb gned in accordance with Cc s/* signature (e.g., /s/John in Space O of tab *page 8, t	Fax (optional)	63 828-682-4706		
N Individual to Be Contacted for Further Information	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	Icast stations rated channels ried television broz ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE (City. sherry@ccvr of account must b be submitted with	NFORMATION NFORMATION Der, street, rural re E NC 28714 town, state, zip) LCOM e certifed and si an electronic "/ e signature box Typed or prin	oute, apartment, or suite numb gned in accordance with Co s/* signature (e.g., /s/John in Space O of tab "page 8, t ted name: SHERR	Fax (optional)	63 828-682-4706		
N Individual to Be Contacted for Further Information	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	Icast stations rated channels ried television broz ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE (City. sherry@ccvr of account must b be submitted with	NFORMATION NFORMATION NDER Der, street, rural r E NC 28714 town, state, zip) NCOM e certifed and si an electronic "/ e signature box Typed or prin Title:	oute, apartment, or suite numb gned in accordance with Cc s/* signature (e.g., /s/John in Space O of tab "page 8, t ted name: SHERR SECRETARY	Telephone er) Fax (optional) Pypyright Office regu Smith). Do not for space M-O*.	63 828-682-4706 Interventional Inter		
N Individual to Be Contacted for Further Information	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	Icast stations rated channels ried television broz ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE (City. sherry@ccvr of account must b be submitted with	NFORMATION NFORMATION NDER Der, street, rural r E NC 28714 town, state, zip) NCOM e certifed and si an electronic "/ e signature box Typed or prin Title:	oute, apartment, or suite numb gned in accordance with Co s/* signature (e.g., /s/John in Space O of tab "page 8, t ted name: SHERR	Telephone er) Fax (optional) Pypyright Office regu Smith). Do not for space M-O*.	63 828-682-4706 Interventional Inter		
N Individual to Be Contacted for Further Information	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	Icast stations rated channels ried television broz ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE (City. sherry@ccvr of account must b be submitted with	NFORMATION NFORMATION Der, street, rural re E NC 28714 town, state, zip) LCOM e certifed and si an electronic " a signature box Typed or prin Title: (Title c	oute, apartment, or suite numb gned in accordance with Co s/* signature (e.g., /s/John in Space O of tab "page 8, t ted name: SHERR SECRETARY fofficial position held in corpor	Telephone er) Fax (optional) Pypyright Office regu Smith). Do not for space M-O*.	63 828-682-4706 Interventional Inter		
N Individual to Be Contacted for Further Information	system carried television broad 2. Enter the total number of activ on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	Icast stations rated channels ried television broz ED IF FURTHER hent of account.) SHERRY FEP PO BOX 457 (Num BURNSVILLE (City. sherry@ccvr of account must b be submitted with	NFORMATION NFORMATION NDER Der, street, rural r E NC 28714 town, state, zip) NCOM e certifed and si an electronic "/ e signature box Typed or prin Title:	oute, apartment, or suite numb gned in accordance with Cc s/* signature (e.g., /s/John in Space O of tab *page 8, t ted name: SHERR SECRETARY fofficial position held in corpor	Telephone er) Fax (optional) Pypyright Office regu Smith). Do not for space M-O*.	63 828-682-4706 Iations.) get to enter an electronic		

Total Gross Receipts

Subgroup Gross Receipts Total

\$ 1,190,350.09 Ок

\$-

Subgroup	Subgroup/Community Name Gro	ss Receipts
FIRST 1		
SECOND 2		
THIRD 3		
FOURTH 4		
FIFTH 5		
SIXTH 6		
SEVENTH 7		
EIGHTH 8		
NINTH 9		
TENTH 10		
ELEVENTH 11		
TWELVTH 12		
THIRTEENTH 13		
FOURTEENTH 14		
FIFTEENTH 15		
SIXTEENTH 16		
SEVENTEENTH 17		
EIGHTEENTH 18		
NINTEENTH 19		
TWENTIETH 20		
TWENTY-FIRST 21		
TWENTY-SECOND 22		
TWENTY-THIRD 23		
TWENTY-FOURTH 24		
TWENTY-FIFTH 25		
TWENTY-SIXTH 26		
TWENTY-SEVENTH 27		
TWENTY-EIGHTH 28		
TWENTY-NINTH 29		
THIRTIETH 30		
THIRTY-FIRST 31		
THIRTY-SECOND 32		
THIRTY-THIRD 33		
THIRTY-FOURTH 34		
THIRTY-FIFTH 35		
THIRTY-SIXTH 36		
THIRTY-SEVENTH 37		
THIRTY-EIGHTH 38		
THIRTY-NINTH 39		
FORTIETH 40		

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of Station		DSE	Carriage
WCYB	5	N		0.250	
WUNF	33	E		0.250	
WILOS	11 12	N		0.250	
WLOS	13	N		0.250	
WHNS	21 40			1.000	
WMYA WYCW	40 62		1	1.000 1.000	
VV TCVV	02	ľ	T	#N/A	
				#N/A #N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A	
				#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
				#N/A	

COUNTRY CABLEVISION INC

Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

	[

ACCOUNTING PERIOD: 2020/1

FORM SA3E. PAGE 3.

	F OWNER OF CABLE S	VOTENA-			SYSTEM ID#	ŧ
						Namo
COUNTRY PRIMARY TRANS In General: In sparried by your of CC rules and re CC rules and re Substitute progra Substitute progra Substitute progra Substitute Basis assis under spect Do not list the s station was ca List the station basis. For furt in the paper S Column 1: List cast stream as "N VETA-simulcasts Column 2: Gits conumn 2: Gits for independent for independent for independent for independent column 4: If planation of local Column 5: If	CABLEVISION SMITTERS: TELEVISION SMITTERS: TELEVISION Dace G, identify ever able system during the egulations in effect on (4), 76.61(e)(2) and (im basis, as explained asis Stations: With cifc FCC rules, regulated station here in spaced arried only on a subsect here, and also in spaced is each station's call tream associated with <i>NETA-2"</i> . Simulcast bits explicit in each case of on, by entering the left multicast), "E" (for m of these terms, see the station is outsided I service area, see physical you have entered "Y	y television st he accounting n June 24, 19 4), or 76.63 (i ad in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substi sign. Do not in h a station ac streams musi ber the FCC h e, WRC is Ch ne station. whether the si etter "N" (for n oncommercial page (v) of the es" in column on during the	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations iorizations: t it in space I (the ation was carried tute basis station report origination cording to its over the reported in or annel 4 in Wash tation is a network etwork), "N-M" (I educational), co e general instruct 4, you must con accounting period	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your of the Special Stateme d both on a substit ns, see page (v) o n program service er-the-air designa column 1 (list each the television stati ington, D.C. This or k station, an inde for network multic or "E-M" (for nonco ctions located in the distant"), enter "Ye ions located in the mplete column 5, s od. Indicate by enti-	and low power television stations) donly on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the suite basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial ast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. is". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Namo
of a written agree he cable system ion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica	ement entered into o and a primary trans). For simulcasts, als ese three categories ive the location of ea	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv	eam that is not s une 30, 2009, be ssociation repre you carried the) of the general or U.S. stations, e the name of th	etween a cable systemating the primal channel on any of instructions locate list the community ne community with	r payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. Y to which the station is licensed by the which the station is identifed.	
of a written agree the cable system ion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are t	ement entered into o and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple char	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general or U.S. stations, the name of the use a separate	etween a cable systemating the prima channel on any of instructions locate list the community ne community with space G for each	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.	-
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica	ement entered into o a and a primary trans b. For simulcasts, als ese three categories ive the location of ea an or Canadian static	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups,	eam that is not s ine 30, 2009, be ssociation repreyou carried the of the general io or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	etween a cable systemating the primal channel on any of instructions locate list the community ne community with space G for each	r payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. Y to which the station is licensed by the which the station is identifed.	-
of a written agree the cable system ion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN	ement entered into o and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF	eam that is not s ine 30, 2009, be ssociation repreyou carried the of the general io or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.	-
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION	eam that is not s ine 30, 2009, be ssociation repre you carried the) of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N	eam that is not s ine 30, 2009, be ssociation repreyou carried the) of the general i or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatio
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E	eam that is not s une 30, 2009, be ssociation repre you carried the) of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WJHL WLOS	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s ine 30, 2009, be ssociation repre you carried the) of the general i or U.S. stations, the the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatio
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WUNF WJHL WLOS WHNS	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11 13 21	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s ine 30, 2009, be ssociation repre you carried the) of the general i or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatic
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple char 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatic
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11 13 21	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s ine 30, 2009, be ssociation repre you carried the) of the general i or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatic
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple char 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional information
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple char 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatic
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatic
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatic
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatic
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatic
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are 1. CALL	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatio
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatic
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatic
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional informatic
of a written agree the cable system tion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN WCYB WUNF WJHL WLOS WHNS WMYA	ement entered into o n and a primary trans). For simulcasts, als ese three categories ive the location of ea an or Canadian static utilizing multiple chai 2. B'CAST CHANNEL NUMBER 5 33 11 13 21 40	multicast stro n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N E N	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	etween a cable systemating the primal channel on any of instructions locate list the community he community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for additional information

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect o 5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	y television st he accounting n June 24, 19 4), or 76.63 (i respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the the local sen age (v) of the ess in column on during the me basis beca i multicast strea n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over the reported in or has assigned to annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instruct 4, you must cor accounting perio ase of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the or U.S. stations, re the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		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	

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Namo
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect or 6.61(e)(2) and (sis, as explained stations: With CC rules, regula there in space only on a subs and also in spa- formation cond rm. th station's call associated with -2". Simulcast e channel numl se. For example ystem carried the cast), "E" (for n ese terms, see ation is outside ce area, see p ave entered "Y he distant static ion on a part-til ion of a distant a entered into o a primary trans simulcasts, also ree categories e location of eat Canadian static	y television st he accounting n June 24, 19 4), or 76.63 (i respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the the local sen age (v) of the ess in column on during the me basis beca i multicast strea n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over the reported in or has assigned to annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instruct 4, you must cor accounting perio ase of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the or U.S. stations, re the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati nington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- ssenting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		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	-

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	Name
COUNTRY CAR	BLEVISION	INC			034643	
PRIMARY TRANSMITT	ERS: TELEVISIO	NC				
In General: In space (carried by your cables) FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect o 5.61(e)(2) and (sis, as explaine Stations: With CC rules, regula n here in space only on a subs and also in spa formation condorm. ch station's call associated with A-2". Simulcast e channel num se. For example ystem carried the e neach case of e entering the le cast), "E" (for n ese terms, see ation is outside ice area, see p ave entered "Y he distant static ision of a distant t entered into o a primary trans simulcasts, als nree categories e location of ead Canadian static	y television st he accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the es" in column on during the me basis beca t multicast strea n or before Ju mitter or an a o enter "E". If f, see page (v) ich station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over the reported in or has assigned to annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instruct 4, you must cor accounting perio ase of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the or U.S. stations, re the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. If to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTI	ERS: TELEVISI	NC				
In General: In space (carried by your cables) FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stats of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect o 5.61(e)(2) and d sis, as explaine Stations: With CC rules, regula n here in space only on a subs and also in spa formation cond rm. th station's call associated with A-2". Simulcast e channel num se. For example ystem carried the cast), "E" (for n ese terms, see ation is outside ice area, see p ave entered "Y he distant statii ion on a part-tii ion of a distant t entered into o a primary trans simulcasts, als nee categories e location of eat	y television st he accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the es" in column on during the me basis beca t multicast strea n or before Ju mitter or an a o enter "E". If f, see page (v) ich station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over be reported in or annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o general instruct 4, you must cor accounting perio ase of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	AE		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h. cable system carried th carried the distant stats of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect or 6.61(e)(2) and (sis, as explained stations: With CC rules, regula there in space only on a subs and also in spa- formation cond rm. th station's call associated with -2". Simulcast e channel numl se. For example ystem carried the cast), "E" (for n ese terms, see ation is outside ce area, see p ave entered "Y he distant static ion on a part-til ion of a distant a entered into o a primary trans simulcasts, also ree categories e location of eat Canadian static	y television st he accounting n June 24, 19 4), or 76.63 (i respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the the local sen age (v) of the ess in column on during the me basis beca i multicast strea n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over be reported in or annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o general instruct 4, you must cor accounting perio ase of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		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	

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	Name
COUNTRY CAR	BLEVISION	INC			034643	
PRIMARY TRANSMITT	ERS: TELEVISI	NC				
In General: In space (carried by your cables) FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect o 5.61(e)(2) and d sis, as explaine Stations: With CC rules, regula n here in space only on a subs and also in spa formation cond rm. th station's call associated with A-2". Simulcast e channel num se. For example ystem carried the cast), "E" (for n ese terms, see ation is outside ice area, see p ave entered "Y he distant statii ion on a part-tii ion of a distant t entered into o a primary trans simulcasts, als nee categories e location of eat	y television st he accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the es" in column on during the me basis beca t multicast strea n or before Ju mitter or an a o enter "E". If f, see page (v) ich station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over be reported in or annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o general instruct 4, you must cor accounting perio ase of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	-

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	NC				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect o 5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	y television st he accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the es" in column on during the me basis beca t multicast strea n or before Ju mitter or an a o enter "E". If f, see page (v) ich station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations orizations: t it in space I (th ation was carried tute basis station report origination cording to its ow t be reported in or has assigned to annel 4 in Wash tation is a netwo etwork), "N-M" (al educational), o e general instruct 4, you must cor accounting perio ause of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the) of the general is or U.S. stations, re the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	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	

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Namo
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect or 6.61(e)(2) and (sis, as explained stations: With CC rules, regula there in space only on a subs and also in spa- formation cond rm. th station's call associated with -2". Simulcast e channel numl se. For example ystem carried the cast), "E" (for n ese terms, see ation is outside ce area, see p ave entered "Y he distant static ion on a part-til ion of a distant a entered into o a primary trans simulcasts, also ree categories e location of eat Canadian static	y television st he accounting n June 24, 19 4), or 76.63 (r respect to any ations, or auth G—but do liss titute basis. ace I, if the sta cerning substif sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha ne station. whether the st etter "N" (for monocommercia page (v) of the the local servage (v) of the set in column on during the acc multicast stream n or before Ju mitter or an ar o enter "E". If , see page (v) ch station. Fo ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over be reported in or annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o general instruct 4, you must cor accounting perio ase of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	AI		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	-

LEGAL NAME OF OWNER OF CABLE SYSTEM:

LEGAL NAME OF OW	NER OF CABLE SY	YSTEM:			SYSTEM ID#	
COUNTRY CA	BLEVISION	INC			034643	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space carried by your cable : FCC rules and regular 76.59(d)(2) and (4), 70 substitute program ba Substitute Basis 3 basis under specific F0 • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fo Column 1: List ear each multicast stream cast stream as "WETA-	G, identify every system during ti tions in effect or 5.61(e)(2) and (sis, as explaine Stations: With the CC rules, regula there in space only on a subs and also in space formation concor- trm. ch station's call associated with A-2". Simulcast	y television sta he accounting n June 24, 199 (4), or 76.63 (r respect to any ations, or auth G—but do list titute basis. ace I, if the sta cerning substit sign. Do not r h a station acc streams must	period, except 81, permitting th referring to 76.6 paragraph. distant stations orizations: t it in space I (th ttion was carried ute basis station eport origination cording to its ow be reported in o	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a s carried by your c e Special Stateme d both on a substit ns, see page (v) o n program services er-the-air designal column 1 (list each	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in	G Primary Transmitters: Television
its community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	se. For example ystem carried the e in each case w y entering the le cast), "E" (for m ese terms, see tation is outside ice area, see pa ave entered "Ym he distant station tion on a part-til ision of a distant t entered into o a primary trans simulcasts, also mee categories e location of ea Canadian station	e, WRC is Cha he station. whether the st etter "N" (for ne oncommercial page (v) of the the local serv age (v) of the es" in column on during the a me basis beca t multicast stre n or before Ju mitter or an as o enter "E". If , see page (v) ich station. Fo ons, if any, give nnel line-ups,	annel 4 in Wash ation is a netwo etwork), "N-M" (e ducational), o e general instruct duce of accounting period ause of lack of a sam that is not s ine 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, e the name of th	ington, D.C. This rk station, an inde for network multic r "E-M" (for nonco tions located in the plete column 5, s od. Indicate by ent ctivated channel of ubject to a royalty tween a cable sys senting the primar channel on any ot nstructions locate list the community we community with space G for each	may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). the paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		-				
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	
	1	1	I	1		

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTI	ERS: TELEVISIO	NC				
In General: In space (carried by your cables) FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stats of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect o 5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	y television st he accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the es" in column on during the me basis beca t multicast strea n or before Ju mitter or an a o enter "E". If f, see page (v) ich station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over be reported in or annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o general instruct 4, you must cor accounting perio ase of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. If to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		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	

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTI	ERS: TELEVISIO	NC				
In General: In space (carried by your cables) FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stats of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect o 5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	y television st he accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the es" in column on during the me basis beca t multicast strea n or before Ju mitter or an a o enter "E". If f, see page (v) ich station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over the reported in or has assigned to annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instruct 4, you must cor accounting perio ase of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the or U.S. stations, re the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	AL		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	YSTEM:			SYSTEM ID#	Name
COUNTRY CAR	BLEVISION	INC			034643	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space (carried by your cables) FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bar Substitute program bar Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 for Column 1: List eard cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi- For the meaning of the Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For	G, identify even system during the ions in effect on 5.61(e)(2) and (sis, as explained Stations: With the CC rules, regulated there in space only on a substand also in space only on a substand also in space formation concorrection. The station's call associated with A-2". Simulcast e channel number set cash, "E" (for number ave entered the cast), "E" (for number ave entered "Yo he distant static ion on a part-tili- ion of a distant t entered into o a primary trans simulcasts, also	y television st he accounting n June 24, 19 4), or 76.63 (r ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substif sign. Do not r h a station acc streams must ber the FCC h e, WRC is Chi- ne station. whether the st etter "N" (for n- oncommercia page (v) of the es" in column on during the me basis beca- c multicast stre- n or before Ju mitter or an a- o enter "E". If	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over be reported in or has assigned to f annel 4 in Wash tation is a netwo etwork), "N-M" (i I educational), o e general instruct 4, you must cor accounting perio ause of lack of a pam that is not s une 30, 2009, be ssociation repre	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c e Special Stateme d both on a substit ns, see page (v) o n program services er-the-air designal column 1 (list each the television stati ington, D.C. This for network multic r "E-M" (for nonco ctions located in the instant"), enter "Ye ions located in the mplete column 5, so dol. Indicate by ent ctivated channel o ubject to a royalty stween a cable sys senting the primal channel on any ot	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
	Canadian statio	ons, if any, giv	e the name of th	ne community with	y to which the station is licensed by the which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AM		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		1				

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	NC				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect o 5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	y television st he accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the es" in column on during the me basis beca t multicast strea n or before Ju mitter or an a o enter "E". If f, see page (v) ich station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over the reported in or has assigned to annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instruct 4, you must cor accounting perio ase of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the or U.S. stations, re the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	AN		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Name
COUNTRY CAR	BLEVISION	INC			034643	Humo
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th	G, identify ever system during t ions in effect or 6.61(e)(2) and (sis, as explained stations: With CC rules, regula there in space only on a subs and also in spa- formation cond rm. th station's call associated with associated with the channel numl se. For example ystem carried the cast), "E" (for n ese terms, see ation is outside ce area, see p ave entered "Y he distant static ion on a part-tin ion of a distant t entered into o a primary trans simulcasts, also	y television st he accounting n June 24, 19 4), or 76.63 (i d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta serning substif sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sta ter "N" (for n oncommercia page (v) of the the local sen age (v) of the me basis beca multicast strea n or before Ju mitter or an a po enter "E". If , see page (v)	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over be reported in or as assigned to f annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instruct 4, you must cor accounting perio ause of lack of a esam that is not s ine 30, 2009, be ssociation repre you carried the) of the general i	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c e Special Stateme d both on a substit ns, see page (v) o n program services er-the-air designat column 1 (list each the television stati ington, D.C. This ington, D.C. This for network multic r "E-M" (for nonco ctions located in the inplete column 5, s od. Indicate by ent ctivated channel o ubject to a royalty tween a cable sys senting the primar channel on any ot instructions locate	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.	G Primary Transmitters: Television
	Canadian statio	ns, if any, giv	e the name of th	ne community with	to which the station is licensed by the which the station is identifed. channel line-up.	
	.9	• •	EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	NC				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect o 5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	y television st he accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the es" in column on during the me basis beca t multicast strea n or before Ju mitter or an a o enter "E". If f, see page (v) ich station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over the reported in or has assigned to annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instruct 4, you must cor accounting perio ase of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the or U.S. stations, re the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c e Special Stateme d both on a substit ns, see page (v) o n program services er-the-air designat column 1 (list each the television stati ington, D.C. This rk station, an inde for network multic r "E-M" (for nonco ctions located in the instant"), enter "Ye ions located in the mplete column 5, s ad. Indicate by ent ctivated channel c ubject to a royalty stween a cable sys senting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	AP		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Namo
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTI	ERS: TELEVISIO	NC				
In General: In space (carried by your cables) FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stats of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect o 5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	y television st he accounting n June 24, 19 (4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the es" in column on during the me basis beca t multicast strea n or before Ju mitter or an a o enter "E". If f, see page (v) ich station. Fc ons, if any, giv	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over be reported in or annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o general instruct 4, you must cor accounting perio ase of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		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	-

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA3E. PAGE 3.						r
LEGAL NAME OF OWN					SYSTEM ID#	Name
COUNTRY CAR	BLEVISION	034643				
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fc Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th	G, identify even system during t ions in effect or 5.61(e)(2) and (sis, as explaine Stations: With I CC rules, regula there in space only on a subs and also in spa formation conc rm. th station's call associated with v-2". Simulcast e channel numl se. For example ystem carried the in each case w v entering the le cast), "E" (for m ese terms, see ation is outside ice area, see p ave entered "Y he distant static ision of a distant t entered into o a primary trans simulcasts, also	y television st he accounting n June 24, 19 4), or 76.63 (r ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substif sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha ne station. whether the st etter "N" (for monocommercia page (v) of the the local service age (v) of the es" in column on during the a multicast stree n or before Ju mitter or an ar o enter "E". If , see page (v)	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over be reported in or annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o general instructi 4, you must cor accounting perio ause of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general i	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c e Special Stateme d both on a substit ns, see page (v) o n program services er-the-air designat column 1 (list each the television stati ington, D.C. This rk station, an inde for network multic r "E-M" (for nonco ctions located in the instant"), enter "Ye ions located in the mplete column 5, s ad. Indicate by ent ctivated channel c ubject to a royalty stween a cable sys senting the primar channel on any ot instructions located	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form.	G Primary Transmitters: Television
FCC. For Mexican or (Canadian statio	ons, if any, giv	e the name of th	ne community with	v to which the station is licensed by the which the station is identifed.	
Note: If you are utilizir	ig multiple char	•	EL LINE-UP		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	

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h. cable system carried th carried the distant stats of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during t ions in effect or 6.61(e)(2) and (sis, as explained stations: With CC rules, regula there in space only on a subs and also in spa- formation cond rm. th station's call associated with -2". Simulcast e channel numl se. For example ystem carried the cast), "E" (for n ese terms, see ation is outside ce area, see p ave entered "Y he distant static ion on a part-til ion of a distant a entered into o a primary trans simulcasts, also ree categories e location of eat Canadian static	y television st he accounting n June 24, 19 4), or 76.63 (i respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sl etter "N" (for n oncommercia page (v) of the the local sen age (v) of the ess in column on during the me basis beca i multicast strea n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fc ons, if any, giv	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations iorizations: t it in space I (the ation was carried tute basis station report origination cording to its over the reported in the mass assigned to annel 4 in Wash tation is a network etwork), "N-M" (I educational), co e general instruct 4, you must con accounting period association repre- you carried the of the general is or U.S. stations, re the name of the second to the second to the second to the second to the second to the second to the second to the second to the second to the seco	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) of n program services er-the-air designat column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, s od. Indicate by ent cituated channel of subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA3E. PAGE 3.						r
LEGAL NAME OF OW					SYSTEM ID#	Name
COUNTRY CA	BLEVISION	INC			034643	
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program b Substitute program b Substitute Basis basis under specifc F • Do not list the station station was carried • List the station here basis. For further in the paper SA3 f Column 1: List ea each multicast strear cast stream as "WET WETA-simulcast). Column 2: Give ti its community of licer on which your cable a Column 3: Indica educational station, b (for independent mul For the meaning of the column 4: If the s planation of local ser Column 5: If you cable system carried carried the distant sta For the retransmis of a written agreement	G, identify ever system during t ations in effect of 76.61(e)(2) and (asis, as explained Stations: With FCC rules, regula on here in space d only on a subs a, and also in spa- information cond- form. ach station's call n associated wit 'A-2". Simulcast he channel num hse. For example system carried th te in each case of one the in source of the station is outside vice area, see p have entered "Y the distant stati- ation of a distant nt entered into o	y television st he accounting n June 24, 19 (4), or 76.63 (i respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substif sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the sta tetr "N" (for n oncommercia page (v) of the es" in column on during the me basis beca t multicast strea	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over t be reported in or has assigned to t annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instructi 4, you must cor accounting perio ause of lack of a eam that is not s une 30, 2009, be	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c the Special Stateme d both on a substit ns, see page (v) o n program service er-the-air designal column 1 (list each the television stati ington, D.C. This prk station, an inde for network multic or "E-M" (for nonco ctions located in the insplete column 5, s od. Indicate by ent cubiect to a royalty etween a cable systemed and the	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing	G Primary Transmitters: Television
the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give the	a primary trans r simulcasts, als three categories he location of ea Canadian static	mitter or an a o enter "E". If s, see page (v ich station. Fo ons, if any, giv nnel line-ups,	ssociation repre you carried the) of the general i or U.S. stations, e the name of th	senting the prima channel on any ot instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the which the station is identifed.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
				1		

FORM SA3E. PAGE 3.						1	
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name	
COUNTRY CAE	BLEVISION	INC			034643		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
 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 76.559(d)(2) and (4), 76.63 (ref(e)(2) and (4), 76.63 (ref(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 as explained in the next paragraph. Too not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as wETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". In oth, enter "No". For an explanation of local service area							
		CHANN	EL LINE-UP	AU			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						1	
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name	
COUNTRY CAE	BLEVISION	INC			034643		
PRIMARY TRANSMITTI	ERS: TELEVISIO	NC					
Country Country 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 76,559(d)(2) and (4),76,161(e)(2) and (4),76,631(e)(2) and (4),76,631(e)(2) and (4),76,631(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis are specife FCC rules, regulated song, or authorizations: • Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space 1, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to is over-the-air designation. For example, were thereair in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 1: List each station is a network station, an independent station, or a noncommercial educational, by entering the letter 'N' (for network), "							
		CHANN	EL LINE-UP	AV			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
COUNTRY CAR	BLEVISION	INC			034643		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
 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), 76.16(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 specife 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. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network stati							
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
					1		

	1								
Name	LEGAL NAME OF								SYSTEM ID#
	COUNTRY	ABLEVISI	JN INC						034643
H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of For detailed info located in the p Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	t every radio s whose signals ctions Concer it is carried by monitoring, to prmation about aper SA3 form dentify the call tate whether to the radio stati this by placing Sive the station	tation ca were "ge rning All / the sys be receive t the the n. sign of e he statio on's sigr a check 's locatio	rried on a separate and discre- enerally receivable" by your ca I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s Copyright Office regulations of each station carried. n is AM or FM. nal was electronically process is mark in the "S/D" column. on (the community to which the the community with which the	abl Cc it ti sy: on sec	le system during opyright Office re he system's hea stem's FM anten this point, see p d by the cable sy station is licens	y the accountin egulations, an adend, and (2) nna, during ce bage (vi) of the ystem as a sep ed by the FCC	ng period FM sign it can b rtain sta e genera parate a	d. al is generally e expected, ted intervals. al instructions nd discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
					Ħ				
					1				
					1				
					1				
					1				
					1				
					1				
					1				
					1				
					1				
					1				
					11				
					11				
					1				
					1				
					1				
					1				
					11				
					1 [
					1				
					1				
					1				
]				
					1 [
					1				
					1				
					1				
					1				
					1				

COUNTRY CABLEVISION INC 034643 SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. Substitute 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Substitute basis, any nonnetwork television program broadcast by a distant station? Substitute basis, any nonnetwork television program	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				S	YSTEM ID#	
In General: In space I, identify every nonetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Substitute program • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. Yes No 2. LOC OF SUBSTITUTE PROGRAMS Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: Ters vs. Bulls." Column 3: Give the title were the substitute program. Column 3: Give the exall sign of the station is identified). Column 4: Give the broadcast live, enter "Yes." Otherwise enter "No." Column 6: Give the month and day when your system carried by system from 60:1:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." The program stations, if any,								034643	Name
substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. Substitut Carriage Special Carin Carriage Special Carriage Special Carriage									I
Special Speci	substitute basis during the a	iccounting pe	eriod, under spe	cific present and former FC	C rules, regu	lations, or author	izations. F	or a further	- Substitute
Statement Products by a distant station? Statement Program Diverse of your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. Statement Program 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Statement Program Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 3: Give the broadcast station's location (the community with which the station is identified). Column 4: Give the immet the substitute program was carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for prog	1. SPECIAL STATEMEN	T CONCER	NING SUBST	ITUTE CARRIAGE					Carriage:
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball." F6ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated a "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program gram was substituted to delete under FCC rules and regulations in effect during the accounting period	broadcast by a distant sta	ition?	-	-	-		Yes	-	Special Statement and Program Log
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licentified). Column 6: State the times when the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect on October 19, 1976. 7. REASON FOR FOR DELETION 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION <td>log in block 2.</td> <td></td> <td></td> <td>ge blank. If your answer is '</td> <td>Yes," you m</td> <td>ust complete the</td> <td>e program</td> <td>1</td> <td></td>	log in block 2.			ge blank. If your answer is '	Yes," you m	ust complete the	e program	1	
SUBSTITUTE PROGRAM WHEN SUBSTITUTE 7. REASON 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION	Column 1: Give the title beriod, was broadcast by a under certain FCC rules, re SA3 form for futher informa- itles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor Golumn 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a gram was substituted for pi	of every not a distant stati egulations, o ation. Do no Lucy" or "NE m was broad sign of the s adcast statio nadian statio nth and day ve "5/7." les when the . Example: a ter "R" if the and regulatio rogramming	nnetwork televi ion and that yo r authorizations t use general of A Basketball: dcast live, enter station broadca on's location (th ons, if any, the when your syst substitute pro- program carrie listed program ons in effect du	ision program (substitute p ur cable system substitute s. See page (vi) of the gen categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N isting the substitute program the community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for program uring the accounting period	d for the pro eral instructi "basketball" o." n. station is lice station is lice station is lice station is ide program. Use cable system 5 p.m. to 6: mming that c enter the le	gramming of and ons located in th . List specific pr ensed by the FC ntified). e numerals, with n. List the times a 28:30 p.m. shoul your system was tter "P" if the list	other station e paper ogram C or, in the mont accurately d be s required ed pro	h	
SUBSTITUTE PROGRAM CARRIAGE OCCURRED FOR 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION	effect on October 19, 1976				WH	EN SUBSTITU	ΓE	7 REASON	
Ites of NO CALL SIGN 4. STATIONS LOCATION AND DAT PROM IIII International State IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		2. LIVE?	3. STATION'S		5. MONTH	6. TIME	S	FOR	
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT		10		
Image: second						_			
						_			
Image: second									
Image: second						+			
Image: second			·			- <u>+</u>			
Image: second						<u> </u>			
Image: second									
Image: series of the series									
Image: Second						_			
Image: Second						_			
Image: series of the series						<u>_</u>			
Image: second						<u>+</u>			
						.			
						_			
						-			

FORM SA3E. PAGE 5.

.....

ACCOUNTING PERIOD: 2020/1

ACCOUNTING PERIOD: 2020/1

FORM SA3E. PAGE 6.

Name	LEGAL NAME OF C	OWNER OF CABLE							SYSTEM ID# 034643	
J Part-Time Carriage Log	 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." 									
			DATES	AND HOURS (DF F	PART-TIME CAF	RIAGE			
		WHEN	I CARRIAGE OCCU	RRED			WHEN	I CARRIAGE OCC	URRED	
	CALL SIGN	DATE	HOUR FROM	rs TO		CALL SIGN	DATE	HOU FROM	RS TO	
		DATE		10			DATE			
			-					_		
			_					_	·	
			_							
								_	·=	
								_		
			_							
			_							

FORM	SA3E. PAGE 7.			
	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
CO	UNTRY CABLEVISION INC		034643	
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to ce (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ndary transmissio ompute this amou \$	n service	K Gross Receipts
Instru • Com • Com • If yo fee f • If yo	(RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the ar from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pa ompanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line	1 of	
3 be	In the DSE schedule was completed, the amount from line 7 of block C should be allow.			
	Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on	line	
	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.		of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	1,190,350.09	
	This is your minimum fee.	\$	12,665.32	
	 space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. Did your cable system carry any distant television stations during the accounting period yes—Complete the DSE schedule. No—Leave block 3 below blank and on the second state of the second	od? complete line 1, blc		
Block 3	 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero 	\$	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	12,665.32	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 appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	13,390.32	form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form and the Excel instructions t			

ACCOUNTING PERIOD:	2020/1
--------------------	--------

	50: 2020/1		FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
	COUNTRY CABLEVISION INC		034643
	CHANNELS		
Μ	Instructions: You must give (1) the	number of channels on which the cable system carried to	elevision broadcast stations
	to its subscribers and (2) the cable s	system's total number of activated channels, during the a	ccounting period.
Channels			
	1. Enter the total number of channel		7
	system carried television broadcas	st stations	•••••••••••••••••••••••••••••••••••••••
	2. Enter the total number of activate	d channels	
	on which the cable system carried		
	-		63
Ν	INDIVIDUAL TO BE CONTACTED	IF FURTHER INFORMATION IS NEEDED: (Identify an i	ndividual
	we can contact about this statement		
Individual to			
Be Contacted			T 1 1 000 000 1700
for Further Information	Name SHERRY FENDER		Telephone 828-682-4706
mormation			
	Address PO BOX 457	artment, or suite number)	
	(City, town, state, zip)	28714	
	Email sherry@ccv	vn.com Fax (op	tional)
	CERTIFICATION (This statement of a	account must be certifed and signed in accordance with 0	Copyright Office regulations.
0	Υ.	Ŭ	
Certifcation	• I, the undersigned, hereby certify that	t (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation of	r partnership) I am the owner of the cable system as identi	fed in line 1 of space B; or
		pration or partnership) I am the duly authorized agent of the	e owner of the cable system as identified
	in line 1 of space B and that the	e owner is not a corporation or partnership; or	
		r (if a corporation) or a partner (if a partnership) of the legal	entity identifed as owner of the cable system
	in line 1 of space B.		
	I have examined the statement of acc	count and hereby declare under penalty of law that all stater	nents of fact contained herein
	are true, complete, and correct to the [18 U.S.C., Section 1001(1986)]	best of my knowledge, information, and belief, and are made	e in good faith.
	X /s/S	herry Fender	
		nic signature on the line above using an "/s/" signature to cert	
		mith). Before entering the first forward slash of the /s/ signatu n type /s/ and your name. Pressing the "F" button will avoid e	
			5 7 5
	Typed or print	ed name: SHERRY FENDER	
	Title: SEC	RETARY	
	-	of official position held in corporation or partnership)	
	Date: Augus	st 28, 2020	
Privacy Act Notice	Section 111 of title 17 of the United State	es Code authorizes the Copyright Offce to collect the personal	lly identifying information (PII) requested on th

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

FORM	SA3E	PAGE9
	JAJL.	I AOLS

LEGAL NAME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC	SYSTEM ID# 034643	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 a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall r scribers and amounts collected from subscribers receiving secondary transmissions pursuant to s For more information on when to exclude these amounts, see the note on page (vii) of the general instruc- paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary	or the basic not include sub- ection 119." tions in the	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- < 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- erest charge)	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further ass contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	istance please	
** 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 Copyrigh please list below the owner, address, first community served, accounting period, and ID number as given filing.		
Owner Address		
First community served Accounting period ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying	nformation (PII) requested or	n th

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee anc the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are nor subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

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

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

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable sys-

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

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

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

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

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

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

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

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

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

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

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

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

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

If any of the stations were partially distant:

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

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

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

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

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

TOTAL DSEs

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

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

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

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

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

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

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

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

CITY

Santa Rosa

Bodega Bay

Rapid City

Fairvale

DSE

1.0

1.0

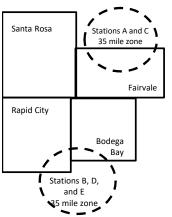
0.083

0.139

0.25

2.472

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



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

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B. D. and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D ,E

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

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600,000.00

FROM SUBSCRIBERS

ACCOUNTING PERIOD: 2020/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEMCOUNTRY CABLEVISION INC034										
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	Y "O" STATION			0.00	00-10-10					
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).										
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O" Stations	CALL SIGN	DSE	CATEGORY "O" STATION CALL SIGN	IS: DSEs DSE	CALL SIGN	DSE					
Add rows as											
necessary.											
Remember to copy											
all formula into new rows.											
10003.											

		OWNER OF CABLE SYSTEM: CABLEVISION INC						S	YSTEM 0346
	COONTREE								0340
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated	Column 2 figure should Column 2 be carried ou Column 4 give the type Column 6	 CAPACITY ist the call sign of all dista 2: For each station, give to correspond with the information of the station of the station of the station of the station of the state /li>	the number of rmation given i the total numbe umn 2 by the fi mal point. This station, give th plumn 4 by the	hours your cable syst n space J. Calculate of er of hours that the str igure in column 3, and is the "basis of carria he "type-value" as "1.0 figure in column 5, ar	em carried the sta only one DSE for ation broadcast or d give the result in ge value" for the ." For each netwo	ation during the a each station. ver the air during decimals in col station. ork or noncomme in column 6. Rot	g the accour umn 4. This ercial educa und to no les	nting period. figure must tional station, ss than the	
Channel Capacity	SA3 form.								
Cupuony	1. CALL SIGN	2. NUMBE OF HOL	R	<u>LAC STATIONS</u> 3. NUMBER OF HOURS	4. BASIS O CARRIAG	F 5	S 5. TYPE VALUE	6. DS	E
		CARRIE		STATION ON AIR	VALUE				
			÷		=	x x		=	
			÷			X		=	
			÷ ÷			x x		=	
			÷ ÷		=	x x		=	
			÷		=	× x		=	
4	 Was carried 	ve the call sign of each st d by your system in subsi	titution for a pro	ogram that your syste	m was permitted	to delete under		nd regular-	
- Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in effer • Broadcast of space I). Column 2: at your option. Column 3: Column 4:		titution for a pro (as shown by t york programs d e number of live spond with the s in the calend nn 2 by the figu	ogram that your syste he letter "P" in column luring that optional ca e, nonnetwork prograu information in space ar year: 365, except i ure in column 3, and g	m was permitted n 7 of space I); an rriage (as shown by ms carried in subs I. n a leap year. give the result in c	to delete under d v the word "Yes" i stitution for prog olumn 4. Round	FCC rules a n column 2 o rams that we to no less t	f ere deleted han the third	m).
Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in effer • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your system in subsi ect on October 19, 1976 i one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun This is the station's DSE	titution for a pro (as shown by t oork programs d spond with the s in the calend nn 2 by the figu (For more info	ogram that your syste he letter "P" in column luring that optional ca e, nonnetwork prograu information in space ar year: 365, except i ure in column 3, and g	m was permitted n 7 of space I); an rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of	to delete under d v the word "Yes" i stitution for prog olumn 4. Round the general inst	FCC rules a n column 2 o rams that we to no less t ructions in th	f ere deleted han the third	m).
Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in effer • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your system in subsi ect on October 19, 1976 i one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun This is the station's DSE	titution for a pro (as shown by t oork programs d spond with the s in the calend nn 2 by the figu (For more info	ogram that your syste he letter "P" in column luring that optional can e, nonnetwork program information in space ar year: 365, except i ure in column 3, and g rimation on rounding, -BASIS STATION ER 4. DSE YS	m was permitted n 7 of space I); an rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of	to delete under d v the word "Yes" i stitution for prog olumn 4. Round the general inst	FCC rules a n column 2 o rams that we to no less t ructions in th SEs ER	f ere deleted han the third	[
- Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in eff • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL	d by your system in subsi ect on October 19, 1976 i one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun This is the station's DSE SU 2. NUMBER OF PROGRAMS	titution for a pro- (as shown by t pork programs d e number of live spond with the s in the calend nn 2 by the figu (For more info BSTITUTE- 3. NUMBI OF DAN	ogram that your syste he letter "P" in column luring that optional can e, nonnetwork program information in space ar year: 365, except i ure in column 3, and g rimation on rounding, -BASIS STATION ER 4. DSE YS	m was permitted n 7 of space I); an rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUTA	to delete under d othe word "Yes" i stitution for prog olumn 4. Round the general instr ATION OF D 2. NUMB OF	FCC rules a n column 2 o rams that we to no less t ructions in th SEs ER	f ere deleted han the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR	[
Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in eff • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL	d by your system in subsi ect on October 19, 1976 i one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun This is the station's DSE SU 2. NUMBER OF PROGRAMS	titution for a pro- (as shown by t rork programs d e number of live spond with the s in the calend nn 2 by the figu (For more info IBSTITUTE- 3. NUMBI OF DAN IN YEA	e, nonnetwork program information in space ar year: 365, except i ure in column 3, and g mation on rounding, -BASIS STATION ER (S) R =	m was permitted n 7 of space I); an rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUTA	to delete under d othe word "Yes" i stitution for prog olumn 4. Round the general instr ATION OF D 2. NUMB OF	FCC rules a n column 2 o rams that we to no less t ructions in th SES ER RAMS ÷ ÷	f ere deleted han the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DS
Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in eff • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL	d by your system in subsi ect on October 19, 1976 i one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun This is the station's DSE SU 2. NUMBER OF PROGRAMS	titution for a pro- (as shown by t rork programs d e number of live spond with the s in the calend nn 2 by the figu (For more info IBSTITUTE- 3. NUMBI OF DAN IN YEA	e, nonnetwork program information in space ar year: 365, except i ure in column 3, and g mation on rounding, -BASIS STATION ER (S) R =	m was permitted n 7 of space I); an rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUTA	to delete under d othe word "Yes" i stitution for prog olumn 4. Round the general instr ATION OF D 2. NUMB OF	FCC rules a n column 2 o rams that we to no less t ructions in th SEs ER RAMS ÷ ÷	f ere deleted han the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DS
Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in eff • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL	d by your system in subsi ect on October 19, 1976 i one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun This is the station's DSE SU 2. NUMBER OF PROGRAMS	titution for a pro- (as shown by t rork programs d e number of live spond with the s in the calend nn 2 by the figu (For more info IBSTITUTE- 3. NUMBI OF DAN IN YEA	ogram that your syste he letter "P" in column luring that optional can information in space ar year: 365, except i ure in column 3, and g ormation on rounding, -BASIS STATION ER 4. DSE R = = = =	m was permitted n 7 of space I); an rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUTA	to delete under d othe word "Yes" i stitution for prog olumn 4. Round the general instr ATION OF D 2. NUMB OF	FCC rules a n column 2 o rams that we to no less t ructions in th SES ER RAMS ÷ ÷ ÷	f ere deleted han the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DS = = = =
- Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in eff • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSE: Add the DSEs	d by your system in subsi ect on October 19, 1976 i one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun This is the station's DSE SU 2. NUMBER OF PROGRAMS	titution for a pro- (as shown by t pork programs d e number of live spond with the s in the calend nn 2 by the figu- (For more info IBSTITUTE- 3. NUMBI OF DAY IN YEAL + + + + + + + + + + + + + + + + + + +	ogram that your system he letter "P" in column luring that optional car information in space ar year: 365, except i ure in column 3, and g ormation on rounding, -BASIS STATION ER 4. DSE R 4. DSE R = = = = = = =	m was permitted n 7 of space I); an rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN	to delete under d othe word "Yes" i stitution for prog olumn 4. Round the general instr ATION OF D 2. NUMB OF	FCC rules a n column 2 o rams that we to no less t ructions in th SES ER RAMS ÷ ÷ ÷ ÷	f ere deleted han the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DS = = = =
Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in eff • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSE: Add the DSE: Enter the su	d by your system in subsi ect on October 19, 1976 i one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun This is the station's DSE SU 2. NUMBER OF PROGRAMS	titution for a pro- (as shown by t vork programs d e number of live spond with the s in the calend nn 2 by the figu (For more info IBSTITUTE- 3. NUMBI OF DAN IN YEA + + + + + + + + + + + + + + + + + + +	ogram that your syste he letter "P" in column luring that optional car information in space ar year: 365, except i ure in column 3, and g ormation on rounding, -BASIS STATION ER 4. DSE R 4. DSE R = = = = = = = =	m was permitted n 7 of space I); an rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN	to delete under d v the word "Yes" i stitution for prog olumn 4. Round the general instr ATION OF D 2. NUMB OF PROG	FCC rules a n column 2 o rams that we to no less t ructions in th SES ER RAMS ÷ ÷ ÷ ÷	f ere deleted han the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DS = = = =
Computation of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in eff • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSE: Add the DSEs Enter the su TOTAL NUMBI number of DSE 1. Number of	d by your system in subsi ect on October 19, 1976 i one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colum This is the station's DSE SU 2. NUMBER OF PROGRAMS 	titution for a pro- (as shown by t vork programs d e number of live spond with the s in the calend nn 2 by the figu (For more info IBSTITUTE- 3. NUMBI OF DAN IN YEA + + + + + + + + + + + + + + + + + + +	ogram that your syste he letter "P" in column luring that optional car information in space ar year: 365, except i ure in column 3, and g ormation on rounding, -BASIS STATION ER 4. DSE R 4. DSE R = = = = = = = =	m was permitted n 7 of space I); an rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN	to delete under d v the word "Yes" i stitution for prog olumn 4. Round the general instr ATION OF D 2. NUMB OF PROG	FCC rules a n column 2 o rams that we to no less t ructions in th SES ER RAMS ÷ ÷ ÷ ÷ • • • • • • • • • • • •	f ere deleted han the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR IN YEAR	4. DS = = = =
Computation of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in eff • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSE: Add the DSEs Enter the su TOTAL NUMBE number of DSE 1. Number of 2. Number of	d by your system in subsi ect on October 19, 1976 i one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun This is the station's DSE SU 2. NUMBER OF PROGRAMS sof SUBSTITUTE-BAS of each station. um here and in line 3 of p ER OF DSEs: Give the an is applicable to your system	titution for a pro- (as shown by t vork programs d e number of live spond with the s in the calend nn 2 by the figu (For more info IBSTITUTE- 3. NUMBI OF DAN IN YEA + + + + + + + + + + + + + + + + + + +	ogram that your syste he letter "P" in column luring that optional car information in space ar year: 365, except i ure in column 3, and g ormation on rounding, -BASIS STATION ER 4. DSE R 4. DSE R = = = = = = = =	m was permitted n 7 of space I); an rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN	to delete under d v the word "Yes" i stitution for prog olumn 4. Round the general instr ATION OF D 2. NUMB OF PROG	FCC rules a n column 2 o rams that we to no less t ructions in th SES ER RAMS + + + + + + + + + to provide th	f ere deleted han the third he paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DS

COUNTRY CA							S	434643 034643	Name
Instructions: Blog	ck A must be com	pleted.							
In block A: • If your answer if schedule.	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank ar	nd complete p	art 8, (page 16) of	the	6
 If your answer if 	"No," complete blo								Computation of
				ELEVISION M					Computation of 3.75 Fee
effect on June 24,	1981?			aller markets as de				gulations in	
	plete part 8 of the plete blocks B and		JO NOT COM	PLETE THE REM	AINDER OF F	ARI 6 AND I			
		BLOO	CK B: CARR		MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	ation of permit	ted stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)]	iles and regu ed pursuant f	lations cited b to the FCC ma	asis on which you o elow pertain to tho irket quota rules [7	ose in effect of 6.57, 76.59(b	n June 24, 198), 76.61(b)(c),	76.63(a) referring	ı tc	
	C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre	al educationa d station (76.0 or DSE sched ant to individu viously carrie JHF station w	al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin <i>i</i> thin grade-B	ne or substitute ba contour, [76.59(d)(63(a) referring bstitution of g	g to 76.61(d) randfathered s ine 25, 198′	stations in the	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule				-	
Line 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove				-	
				r of DSEs subjec 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0.0375	and enter su	um here						partially permited/ partially
Line 6: Enter tota	al number of DS	Es from line	3				х	-	nonpermitted carriage? If yes, see part
Line 7: Multinly I	ine 6 by line 5 o	nd enter ber	e and on line	2, block 3, spac	el (nage 7)			0.00	9 instructions.
	ine o by line o al	in curren nel	e and on line	z, nour s, spac	e L (hage /)			0.00	1

DSE SCHEDULE. PAGE 13.

ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 034643									
		BI OCK	A: TELEVIS	SION MARKET	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computati 3.75 Fe
									3.7516

								C		ULE. PAGE 14.
Name			EM:						SY	STEM ID#
	COUNTRY CAE	SLEVISION INC								034643
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 4: Indicate the basis of carriage on which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, section: 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 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. 									1 entered
		PERMITTED DS	E FOR STAT	LIONS CARRIE		PART-TIME AN		TUTE BASIS		
	1. CALL	2. PRIOR				BASIS OF		RESENT	6. PFF	RMITTED
	SIGN	DSE		RIOD		ARRIAGE		DSE		DSE
7 Computation of the Syndicated Exclusivity	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET									
Surcharge	 Is any portion of the optimized in the optit	cable system within a	top 100 majo	r television mark	et as de	fned by section 7	'6.5 of FCC	rules in effect J	une 24, 19	81?
	Yes—Complete									
			- D O to	Otatiana			(0.0			
	BLUCK B: C	arriage of VHF/Grad	e B Contour :	Stations	┨───			utation of Exem	•	
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Was any station listed in block B of part 7 carried in the number of the primary stream of a commercial VHF station that places a grade B contour, in whole to former FCC rule 76.159)									
	Yes—List each s	tation below with its ap	propriate perm	nitted DSE		Yes—List each st	tation below	with its appropria	ate permitte	d DSE
	X No—Enter zero a	and proceed to part 8.			X	No—Enter zero a	nd proceed t	to part 8.		
	CALL SIGN	DSE C	ALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE
		••••••••••••••••••••••••••••••••••••••								
		••••••••••••••••••••••••••••••••••••••								
		••••••••••••••••••••••••••••••••••••••								
				0.00			I	TOTAL DO	Ec	0.00
			OTAL DSEs	0.00				TOTAL DS	⊑S	0.00

L

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC	SYSTEM ID# 034643	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,190,350.09	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	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)		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
-	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Complete part 9 of this schedule. Image: Complete part 9 of this schedule.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2020/1

	1		ULE. PAGE 16.						
Name			8YSTEM ID# 034643						
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). \$ C. Multiply line B by 3.000 and enter here. C. Multiply line B by 3.000 and enter here. C. Multiply line B by 3.000 and enter here. C. Multiply line B by 3.000 and enter here. F. Multiply line D by line E and enter here. C. 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.							
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belock. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "locate a rate," see page (v) of the general instructions.	w						
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • 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.								
		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 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)							
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)							
		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						

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
COUN	ITRY CABLEVISION INC	034643	Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ► \$		U
	· · · · · · · · · · · · · · · · · · ·	-	
	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast		
Instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac on, you must:	vantage of this	of Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine t	the number of	Syndicated Exclusivity
	Ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	each group.	Surcharge
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p		for Partially
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bel cable system is wholly located outside all major television markets, complete block A only.	ow. However,	Distant Stations, and
-	Identify a Subscriber Group for Partially Distant Stations		for Partially
Step 1	For each community served, determine the local service area of each wholly distant and each partially distant stati	on you	Permitted Stations
	to that community. For each wholly distant and each partially distant station you carried, determine which of your subscribers were loo	pated	
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to that stat		
	ne token, the station is distant to the subscriber.) Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. I	Fach	
-	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that		
	will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu groups	tting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	em's subscriber	
	section:		
	fy the communities/areas represented by each subscriber group.	C 11	
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• lf:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or,	parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bl	ock B,	
•	6 of this schedule. ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in	structions	
in the	paper SA3 form.		
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (tha		
DSEs f	or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID
	COUNTRY CABLEVISION INC	03464
	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 COUNTRY CABLE						SY	STEM ID# 034643	Name
BL				TE FEES FOR EACH				
FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP								
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
		-				-		for
		-						Partially Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	<u>\$</u>	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes a	bove.	\$	0.00	

FORM SA3E. PAG	GE 1	9
----------------	------	---

LEGAL NAME OF OWNER COUNTRY CABLE						SY	STEM ID# 034643	Name
BL				TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUF		
	FIFTH	SUBSCRIBER GROU				9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	-		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
		-						and
		-						Syndicated
								Exclusivity
						-		Surcharge
						-		for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
S	EVENTH	SUBSCRIBER GROU	IP		EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes a	above.	\$		

FORM SA3E. PAG	GE 1	9
----------------	------	---

LEGAL NAME OF OWNER COUNTRY CABLE						SY	STEM ID# 034643	Name	
BL				TE FEES FOR EACH					
	NINTH SUBSCRIBER GROUP				TENTH	SUBSCRIBER GROUP		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee	
		-						and	
								Syndicated	
								Exclusivity	
		-						Surcharge	
		-						for	
								Partially Distant	
								Stations	
		-						otations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
EL	EVENTH	SUBSCRIBER GROU	IP		TWELVTH	SUBSCRIBER GROUP)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
		-							
		-							
						-			
							4		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes a	above.	\$			

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
	RTEENTH	SUBSCRIBER GROU	JP 0		9			
COMMUNITY/ AREA			U	COMMUNITY AREA	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
		-						Base Rate Fee
		-						and Syndicated
								Exclusivity
		-						Surcharge
								for Partially
								Distant
		-						Stations
		-						
		-						
			ļ					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIFTEENTH SUBSCRIBER GROUP				S				
COMMUNITY/ AREA	ITY/ AREA 0			COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs	-		0.00	Total DSEs	-	··	0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee. Add th	hase ra	te fees for each subsc	riber aroun	as shown in the boxes a	above			
Enter here and in block						\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
SEVEN COMMUNITY/ AREA	NTEENTH	SUBSCRIBER GROU	JP 0	EIG COMMUNITY/ AREA	HTEENTH	I SUBSCRIBER GROU	JP 0	9
COMMUNITY/AREA			U	COMMUNITY AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
NINTEENTH SUBSCRIBER GROUP				11				
COMMUNITY/ AREA	REA 0			COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
			_					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	e base rat	te fees for each subsc	riber aroun	as shown in the boxes a	above			
Enter here and in block						\$		

FORM SA3E. PAG

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EAC				
TWEN COMMUNITY/ AREA	I Y-FIRST	SUBSCRIBER GROU	JP 0	TWEN COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
			•		`		•	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
		-						Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
TWENTY-THIRD SUBSCRIBER GROUP				TWEN				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
					-			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th	e hase ret	e fees for each subsc	riber aroun	as shown in the hove	sabove			
Enter here and in block					- 45040.	\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
TWEN COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GROU	JP 0		NTY-SIXTH	SUBSCRIBER GROU	UP 0	9
COMMONIT I/ AREA			U	COMMONT I/ AREA	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
						H		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	d Group	\$	0.00	
TWENTY-SEVENTH SUBSCRIBER GROUP			JP	TWENT				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs	1	······	0.00	Total DSEs	1.		0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base ra	te fees for each subsc	riber aroun	as shown in the boxes	above			
Enter here and in block						\$		

FORM SA3E. P	PAGE 19.
--------------	----------

LEGAL NAME OF OWNE						SY	STEM ID# 034643	Name
				ATE FEES FOR EACH SUBSCRIBER GROUP				
	TY-NINTH	SUBSCRIBER GROU		11	HIRTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
		-						Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	JP	THIRTY	-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs	1	······	0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
					•			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group	as shown in the boxes a	above.			
Enter here and in block	(3, line 1, s	space L (page 7)				\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWN						S	VSTEM ID# 034643	Name
				TE FEES FOR EACH				
		SUBSCRIBER GRO	UP 0	11		I SUBSCRIBER GRO	UP 0	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO	UP	TH	IRTY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs		·	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
	-					·	ـ ــــ	
Base Rate Fee: Add Enter here and in bloc			criber group	as shown in the boxes	above.	\$		
		opado - (page /)				Ψ		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
THIRTY-S	SEVENTH	SUBSCRIBER GROU	JP 0	THIRT COMMUNITY/ AREA	Y-EIGHTH	I SUBSCRIBER GROU	JP 0	9
COMMONITY/AREA			U	COMMUNITY AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GROU	JP		FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			* *******			
]						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Page Date For This ! C	10115		0.00	Page Pate Free Free fi	Crown		0.00	
Base Rate Fee Third G	noup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Basa Data East Add th	o haco ro	to food for each subset	riber group	as shown in the horses	above			
Enter here and in block			nnet group	as shown in the boxes a	abuve.	\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
FOR COMMUNITY/ AREA	TY-FIRST	SUBSCRIBER GROU	<u>лр</u> О	FORTY COMMUNITY/ AREA	-SECONE	SUBSCRIBER GROU	лр О	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Dece Data Fac
								Base Rate Fee and
		_						Syndicated
								Exclusivity
								Surcharge for
		-						Partially
								Distant
		-						Stations
Total DSEs	.		0.00	Total DSEs	ļ		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0				FORTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
			U					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs	1		0.00	Total DSEs	1	11	0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	-							
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GROU			RTY-SIXTH	I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
		-						Syndicated
		-						Exclusivity Surcharge
		-						for
								Partially
								Distant
								Stations
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FORTY-S	SEVENTH	SUBSCRIBER GROU	JP	FORT	Y-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		_						
		_						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group	as shown in the boxes a	above.			
Enter here and in block	3, line 1,	space L (page 7)				\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
FOR COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA	FIFTIETH	SUBSCRIBER GROU	JP 0	9
COMMUNITY AREA			U	COMMONT I AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIFTY-FIRST SUBSCRIBER GROUP			JP	FIFTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA		0		COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		_						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base ra	te fees for each subsc	riber group	as shown in the boxes a	above.			
Enter here and in block			I			\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				ATE FEES FOR EACH SUBSCRIBER GROUP				
FIFTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA				FIF COMMUNITY/ AREA		I OUBOUKIBEK GRUI	<u>مر</u>	9
					CALL SIGN DSE CALL SIGN DSE			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
		-						and
								Syndicated
								Exclusivity Surcharge
		-						for
								Partially
								Distant Stations
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	TY-FIFTH	SUBSCRIBER GRO				I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	te fees for each subs	criber aroun	as shown in the boxes	above.			

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWN						S	YSTEM ID# 034643	Name
		COMPUTATION OF						
FIFTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				FI COMMUNITY/ ARE		I SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA					A		U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	TY-NINTH	SUBSCRIBER GRO				I SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						H		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	es above.			
Enter here and in bloc	к 3, line 1,	space L (page 7)				\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EAC				
						SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
								for Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
SIX ⁻ COMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GROU	JP 0	SIX COMMUNITY/ ARE/		I SUBSCRIBER GROU	JP 0	
COMMONT I/ AREA			U	COMMONT I/ AREA	н		U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th			riber group	as shown in the boxe	s above.			
Enter here and in block						\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EAC				
SIX COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GRO	JP 0	SIXTY-SIXTH SUBSCRIBER GROUP				9
COMMUNITY AREA			U	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and Syndicated
		-						Exclusivity
								Surcharge
		-						for Partially
		-						Distant
		-						Stations
		-						
Total DSEs	ļ		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIXTY-SEVENTH SUBSCRIBER GROUP				SIX				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
					-			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th	ie base rat	te fees for each subso	riber group	as shown in the boxes	s above.			
Enter here and in block			5 7			\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GROU	JP 0		VENTIETH	I SUBSCRIBER GROU	UP 0	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
								for
		_						Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GROU	JP	SEVENT	-SECONE	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
,					1.	·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee. Add th	ne base ra	te fees for each subsc	riber aroun	as shown in the boxes a	above			
Enter here and in block			5P			\$		

FORM SA3E. PAG

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
SEVEN COMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GROU	JP 0	SEVENT COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GRO	UP 0	9
			Ŭ				•	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
		-						for Partially
								Distant
								Stations
		-						
			0.00	TALDOF		11	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SEVENTY-FIFTH SUBSCRIBER GROUP			JP	SEVE				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
]						
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
•								
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base ra	te fees for each subsc	riber group	as shown in the boxes	above.			
Enter here and in block			5 1			\$		

FORM SA3E. PAG

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
SEVENTY-S	SEVENTH	SUBSCRIBER GROU	JP 0	SEVEN COMMUNITY/ AREA	Y-EIGHTH	I SUBSCRIBER GROU	JP 0	9
COMMONT T/ AREA			U				U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
		-						Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	ld Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secor	d Group	\$	0.00	
SEVENTY-NINTH SUBSCRIBER GROUP			JP	E				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th	ne base ra	te fees for each subso	riber group	as shown in the boxes	above.			
Enter here and in block			U F			\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Image: Call SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Image: Call SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Image: Call SIGN DSE C	LEGAL NAME OF OWNE						S	VSTEM ID# 034643	Name
OMMUNITY/AREA 0 COMMUNITY/AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Surcharg Computation									
Computative CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Southered CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Computative Southered Southered S		ITY-FIRST	SUBSCRIBER GROU						9
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN DSE Cold DSEs 0.00 Total DSEs 0.00 Gross Receipts Second Group S 0.00 ase Rate Fee First Group S 0.00 Base Rate Fee Second Group S 0.00 EIGHTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE <th>COMMUNITY AREA</th> <th></th> <th></th> <th>U</th> <th>COMMONT I/ AREA</th> <th></th> <th></th> <th>U</th> <th>Computation</th>	COMMUNITY AREA			U	COMMONT I/ AREA			U	Computation
and Syndices Exclusive Subscription of the set of reach subscription group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicate Exclusive Syndicate Exclusive Surcharge for Parallally Diatant Stations			-						Base Rate Fee
call									
Surcharg for Partially Distant Stations oral DSEs OLOD ase Rate Fee First Group EIGHTY-THIRD SUBSCRIBER GROUP OMUNITY/AREA O CALL SIGN DSE CALL S									Exclusivity
Otal DSEs 0.00 Total DSEs 0.00 ross Receipts First Group 1 0 0.00 see Rate Fee First Group 1 0.00 Base Rate Fee Second Group 0.00 EIGHTY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP 0 0 OMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE otal DSEs 0.00 Total DSEs 0.00 0 EIGHTY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP 0 Otal DSE CALL SIGN DSE CALL SIGN DSE Otal DSE CALL SIGN DSE CALL SIGN DSE otal DSEs 0.00 Gross Receipts Third Group 0.00 0 ase Rate Fee Third Group 1 0.00 Base Rate Fee Fourth Group 0.00 ase Rate Fee Third Group 1 0.00 Base Rate Fee Fourth Group 0.00									Surcharge
Distant Stations									
Stations Otal DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Stations Stations									-
otal DSEs 0.00 Total DSEs 0.00 ross Receipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ese Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 EIGHTY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE call SIGN DSE CALL SIGN DSE CALL SIGN DSE call SIGN DSE CALL SIGN DSE CALL SIGN DSE call SIGN DSE CALL SIGN DSE CALL SIGN DSE call SIGN DSE CALL SIGN DSE CALL SIGN DSE									
Income									
Income									
Income									
Income									
Income									
ase Rate Fee First Group g 0.00 EIGHTY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP OMUUNITY/ AREA 0 CALL SIGN DSE COMUNITY AREA COMUNITY AREA COMUNITY COMUNITY COMUNITY SOO0	Total DSEs			0.00	Total DSEs			0.00	
Eighty-ThirRD SUBSCRIBER GROUP Eighty-FOURTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 CALL SIGN DSE COMMUNITY (AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL	Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Eighty-ThirRD SUBSCRIBER GROUP Eighty-FOURTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 CALL SIGN DSE COMMUNITY (AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL									
OMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY/ AREA									
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE Call SIGN DSE Call SIGN DSE Call DSEs 0.00 Total DSEs 0.00 Sross Receipts Fourth Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. State Stat					11				
ase Rate Fee Third Group \$ 0.00 sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 sase Rate Fee Third Group \$ 0.00	COMMONT T/ AREA			U					
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00			-						
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
irross Receipts Third Group \$ 0.00 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. \$	Total DSEs			0.00	Total DSEs			0.00	
ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee Third (Froun	s	0 00	Base Rate Fee Fourt	h Group	\$	0 00	
			<u> </u>	5.00			l	0.00	
	Base Rate Feet Add H	he haso ro	to foos for each subs	riber group	as shown in the boxes	ahove			
				nnei Aionb	as shown in the boxes		\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
EIGH COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GROU	JP 0	EIGI COMMUNITY/ AREA	EIGHTY-SIXTH SUBSCRIBER GROUP			
COMMUNITY AREA			U	COMMONT I AREA			U	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
		-						for
								Partially
		-						Distant Stations
								Stations
Total DSEs			0.00	Total DSEs	ļ	11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EIGHTY-S	SEVENTH	SUBSCRIBER GROU	JP	EIGHT	Y-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	0			COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	te fees for each subso	riber group	as shown in the boxes a	above.			
Enter here and in block			5 1			\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
		COMPUTATION OF		TE FEES FOR EAG		RIBER GROUP		
EIGH COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ ARE	9			
	Y/ AREA 0 COMMUNITY/ AREA 0			Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
		-						Syndicated
								Exclusivity
								Surcharge for
		-						Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00			
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINETY-FIRST SUBSCRIBER GROUP				NINE				
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxe	es above.	\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH		RIBER GROUP		
NINE COMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GROU	<u>9</u> 0	NINET	9			
			•				0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee and
								Syndicated
		_						Exclusivity
								Surcharge
		-						for Partially
								Distant
								Stations
		-						
		11	0.00		ļ	11	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secor	d Group	\$	0.00	
NINETY-FIFTH SUBSCRIBER GROUP			JP	NIN				
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs	-		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group	as shown in the boxes	above.			
Enter here and in block	< 3, line 1,	space L (page 7)				\$		

FORM SA3E. PAGE 1	19.
-------------------	-----

LEGAL NAME OF OWNE						S	STEM ID# 034643	Name	
				TE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU			
NINETY-S	SEVENTH	SUBSCRIBER GROU	JP 0	NINE	9				
			v					Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and Syndicated	
		-						Exclusivity	
								Surcharge	
								for Partially	
		_						Distant	
								Stations	
		-							
		Ţ							
Total DSEs	Į		0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Second Group \$ 0.00			0.00		
Base Rate Fee First Group \$ 0.00				Base Rate Fee Seco	nd Group	\$	0.00		
NINETY-NINTH SUBSCRIBER GROUP				ONE H					
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add th	e base rat	te fees for each subsc	riber group	as shown in the boxes	above.				
Enter here and in block			5 1			\$			

FORM SA3E. PAG

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
ONE HUNDR	ED FIRST	SUBSCRIBER GROU	JP 0	ONE HUNDRE	9			
COMMONT I/ AREA			U				0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
		-						Distant
		-						Stations
		-						
			0.00					
Total DSEs			0.00	Total DSEs		. <u> </u>	0.00	
Gross Receipts First G	roup	<u>\$</u>	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED THIRD SUBSCRIBER GROUP			JP	ONE HUNDRE				
COMMUNITY/ AREA	MMUNITY/ AREA 0			COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs		··	0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th	ne base ra	te fees for each subso	riber group	as shown in the boxes	above.			
Enter here and in block			5 F			\$		

FORM SA3E. PAG

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
ONE HUNDR COMMUNITY/ AREA	ED FIFTH	SUBSCRIBER GROU	JP 0	ONE HUND	9			
			•	COMMUNITY/ AREA 0			•	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
				· · · · · · · · · · · · · · · · · · ·				Partially
								Distant
								Stations
				•				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secor		\$	0.00	
ONE HUNDRED SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			<u>90</u>	ONE HUNDRE COMMUNITY/ AREA				
			Ŭ					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
						j		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		
	,							

FORM SA3E. PAG

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
ONE HUNDRE COMMUNITY/ AREA	ED NINTH	SUBSCRIBER GROU	JP 0		9			
COMMUNITY AREA			U	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and Syndicated
		-						Exclusivity
		-						Surcharge
								for Partially
		_						Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs		. <u> </u>	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED ELEVENTH SUBSCRIBER GROUP			JP	ONE HUNDRED				
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		_						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add th	e base ra	te fees for each subsc	riber aroun	as shown in the boxes	above.			
Enter here and in block			J P			\$		

FORM SA3E. PAG

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
ONE HUNDRED THIF	RTEENTH	SUBSCRIBER GROU	JP 0	ONE HUNDRED FOU	JRTEENTH	I SUBSCRIBER GROU	JP 0	9
COMMONT I AREA			U	COMMONT I AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		_						
Total DSEs			0.00	Total DSEs	Į	1	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU	<u>лр</u> О	ONE HUNDRED S	IXTEENTF	I SUBSCRIBER GROU	лр О	
			U				U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs	1	11	0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	•	-						
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	_							
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

FORM SA3E. PAG

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
ONE HUNDRED SEVEN	NTEENTH	SUBSCRIBER GROU	JP 0	ONE HUNDRED EIG	HTEENTH	I SUBSCRIBER GROU	JP 0	9
COMMONITY/AREA			U	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	d Group	\$	0.00	
ONE HUNDRED NIN	NTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED T	VENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		_						
Total DSEs	l		0.00	Total DSEs	1		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	p	· ·						
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Basa Data Ease Add th	a base r a	to foos for each autor	riber group	as shown in the house	abovo			
Enter here and in block			nnei Aronb	as shown in the boxes	abuve.	\$		

FORM SA3E. PAG

LEGAL NAME OF OWN						S	034643	Name
				TE FEES FOR EAC				
	NTY-FIRST	SUBSCRIBER GRO		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
		-						Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROUP	0	ONE HUNDRED TWEN	ITY-FOURTH	I SUBSCRIBER GROUP	þ	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

		NC					034643
BLO ONE HUNDRED TWEN							
OMMUNITY/ AREA		SOBSCRIBER GROUP	0	ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	DOL	ON LE CICIT	DOL		DOL	O, LE CICIN	
						-	
						-	
al DSEs			0.00	Total DSEs			0.00
ss Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
e Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
	SEVENTH	SUBSCRIBER GROUI		1		SUBSCRIBER GROUI	
MMUNITY/ AREA			0	COMMUNITY/ ARE	A		0
LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						-	
al DSEs			0.00	Total DSEs			0.00
					with Creation	•	
ss Receipts Third Gr	oup	<u>\$</u>	0.00	Gross Receipts Fou	rai Group	\$	0.00
				Base Data Fac Fac	rth Croup	\$	0.00
se Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fou	nin Gloup	Ψ	0.00
e Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fou		φ	0.00

FORM SA3E. PAG

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	TY-NINTH	SUBSCRIBER GROUF	, 0	ONE HUNDRE		I SUBSCRIBER GROUF	, 0	9
COMMUNITY/ AREA			U				U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	RTY-FIRST	SUBSCRIBER GROUF)	ONE HUNDRED THIF	RTY-SECONE	SUBSCRIBER GROUF	>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	\ 		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE Cotal DSEs Cotal DSEs Cotal DSEs Cotal DSEs 0.00 Base Rate Fee Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY SIXTH SUBSCRIBER GROUP		SION II						034643
MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE al DSEs 0 0 0 0 0 0 al DSEs 0.000 \$ 0.000 \$ 0.000 \$ 0.000 se Receipts First Group \$ 0.000 Gross Receipts Second Group \$ 0.000 se Rate Fee First Group \$ 0.000 Base Rate Fee Second Group \$ 0.000 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MAUNITY/ AREA 0 CCMMUNITY/ AREA 0 O ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE MINITY AREA 0								
al DSEs al DSE bit direction b	COMMUNITY/ AREA							
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <th>CALL SIGN</th> <th>DSE</th> <th>CALL SIGN</th> <th>DSE</th> <th>CALL SIGN</th> <th>DSE</th> <th>CALL SIGN</th> <th>DSE</th>	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>							-	
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>							-	
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN <td></td> <td>[]</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		[]						
se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN	tal DSEs	-		0.00	Total DSEs			0.00
ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP MMUNITY/AREA 0 ALL SIGN DSE CALL SIGN DSE	ss Receipts First Grou	р <u>-</u>	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
MMUNITY/ AREA O COMMUNITY/ AREA O ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN	se Rate Fee First Grou	p	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN CALL SIGN CALL SIGN CALL SIGN ALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN ALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN ALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN ALL SIGN CALL SIGN CALL SIGN	ONE HUNDRED THIRTY	/-FIFTH S	SUBSCRIBER GROUP	I	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP)
al DSEs 0.00 Total DSEs 0.00 \$ 0.00 \$	MMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0
ss Receipts Third Group	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
ss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
ss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
ss Receipts Third Group								
ss Receipts Third Group								
ss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
bss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
bss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
bss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
bss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
bss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
bss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
se Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	al DSEs			0.00	Total DSEs			0.00
se Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		dr	s			rth Group		
			S			rth Group	S	
		[0.00	Gross Receipts Fou			0.00

LEGAL NAME OF OWNE						S	VSTEM ID# 034643	Name
				TE FEES FOR EAC				
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED THI		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
		-						Stations
		_				T.		
						•		
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
	loup	ф Ф	0.00			ψ	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	RTY-NINTH	SUBSCRIBER GROUP		1		I SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	۱ 		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

							034643		
		COMPUTATION OF SUBSCRIBER GROUF		TE FEES FOR EAC			þ		
COMMUNITY/ AREA 0				1	ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
CALL OIGH	DOL		DOL		DOL		DOL		
al DSEs			0.00	Total DSEs			0.00		
ss Receipts First Gro	oup	\$	0.00	Gross Receipts Second Group \$ 0.00					
- Bata Fac First Or			0.00	Dese Dete Fre Ores			0.00		
e Rate Fee First Gro		\$	0.00	Base Rate Fee Seco		\$	0.00		
	TY-THIRD	SUBSCRIBER GROUF		1		I SUBSCRIBER GROUP			
MMUNITY/ AREA			0	COMMUNITY/ AREA 0					
LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
I DSEs			0.00	Total DSEs			0.00		
Doo Doosinto Thind O	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
iss receipts Third Gi	•				·				
iss receipts Thira Gl		1							
oss Receipts Third Gi I se Rate Fee Third Gr	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		

EGAL NAME OF OWNER						S	034643	Na
				TE FEES FOR EAG				
ONE HUNDRED FORT	Y-FIFTH	SUBSCRIBER GROUI	<u> </u>	ONE HUNDRED		SUBSCRIBER GROUI	<u> </u>	
			v				U	Comp
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								Base I
								a Synd
								Excl
								Surc
								f Par
								Dis
								Stat
otal DSEs	Į		0.00	Total DSEs		11	0.00	
oross Receipts First Gro	up	\$	0.00	Gross Receipts Second Group \$ 0.00				
ase Rate Fee First Gro		\$	0.00	Base Rate Fee Sec		\$	0.00	
	EVENTH	SUBSCRIBER GROU		1		SUBSCRIBER GROUI		
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
otal DSEs			0.00	Total DSEs			0.00	
		¢	0.00		uth Crous	¢.	0.00	
ross Receipts Third Gro	Jup	\$	0.00	Gross Receipts Fou	nui Gioup	\$	0.00	
ase Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
ase Rate Fee: Add the			.,					

FORM SA3E. PAG

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
		COMPUTATION OF		TT				
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GROU	JP 0	ONE HUNDR	9			
			v				0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
		-						Syndicated
		-						Exclusivity
		-						Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	TY-FIRST	SUBSCRIBER GROU		1		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		=						
		-						
Total DSEs			0.00	Total DSEs		·····	0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxe	es above.	\$		
	(J, III) I, I	space L (page /,				φ		

FORM SA3E. PAG

LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EAC				
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU		1		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
		-						and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIF	ry-fifth	SUBSCRIBER GROU	JP	ONE HUNDRED F	IFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th			riber group	as shown in the boxes	above.			
Enter here and in block	3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWNER						S	034643	N
				TE FEES FOR EA				
ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP				ONE HUNDRED		I SUBSCRIBER GROUF	。 0	
			Ŭ				Ŭ	Com
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								Base
								a Syne
								Excl
						-		Surc
								f Par
								Dis
								Sta
otal DSEs	Į		0.00	Total DSEs			0.00	
Fross Receipts First Gro	up	\$	0.00	Gross Receipts Second Group \$ 0.00				
ase Rate Fee First Gro		\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GROU	<u>ہ</u> 0	ONE HUND		I SUBSCRIBER GROUP	。 0	
			Ŭ					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
ase Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
ase Rate Fee: Add the				11				

	SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
		0					
CALL SIGN DSE			COMMUNITY/ ARE	COMMUNITY/ AREA			
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•						
al DSEs		0.00	Total DSEs			0.00	
oss Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$ 0.00		
1 - 1					<u>+</u>		
e Rate Fee First Group	\$	0.00	Base Rate Fee Second Group \$ 0.00			0.00	
· · · · · · · · · · · · · · · · · · ·							
	SUBSCRIBER GRO		FOURTH SUBSCRIBER GROUP				
IMUNITY/ AREA		0	COMMUNITY/ ARE	:A		0	
LL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					.		
tal DSEs		0.00	Total DSEs			0.00	
oss Receipts Third Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
se Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	

LEGAL NAME OF OW COUNTRY CAB						S	YSTEM ID# 034643	Name
				TE FEES FOR EA		RIBER GROUP		
		SUBSCRIBER GRO			9			
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	0	✓ Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
		-						Syndicated Exclusivity
		-						Surcharge
								for
								Partially
		-						Distant
		-						Stations
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	JP	
COMMUNITY/ ARE			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		-						
		-						
		-						
		-						
		-						
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	rd Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
	- Croup	<u>-</u>	0.00			≁		
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
Base Rate Fee: Ade Enter here and in bl			criber group	as shown in the boxe	es above.	\$		
	. ,							

LEGAL NAME OF OWNE			•			S	YSTEM ID# 034643	Name
BL		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAG		RIBER GROUP	IP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN	SIGN DSE CALL SIGN DSE CALL SI				DSE	of
								Base Rate Fe and
								Syndicated
								Exclusivity
		-						Surcharge for
		-						Partially
		-						Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GROU				I SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxe	es above.	\$		

CALL SIGN DSE CA	THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP CALL SIGN DSE 0.00 SixTEENTH SUBSCRIBER GROUP SixTEENTH SUBSCRIBER GROUP SixTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN <td< th=""><th></th><th>31 OCK V V</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>		31 OCK V V							
DMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Anal DSEs	CALL SIGN DSE CALL SI					<u>п</u>			UP	
Jail DSEs 0.00 Joial DSEs 0.00 See Rate Fee First Group \$ See Rate Fee First Group \$ See Rate Fee First Group \$ CALL SIGN DSE COND	All DSEs 0.00 Total DSEs 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP CALL SIGN DSE C	OMMUNITY/ AREA 0								
s 0.00 Gross Receipts Second Group s 0.00 ase Rate Fee First Group s 0.00 Base Rate Fee Second Group s 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN CAL	s 0.00 Gross Receipts Second Group s 0.00 ase Rate Fee First Group s 0.00 Base Rate Fee Second Group s 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Cold DSE DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Dess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN CALL SIGN Social Coll Si </td <td>bass Receipts First Group \$ 0.00 se Rate Fee First Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP DMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY COMUNITY<td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td>	bass Receipts First Group \$ 0.00 se Rate Fee First Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP DMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY COMUNITY <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP 0.00 MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE	ses Receipts First Group s 0.00 se Rate Fee First Group s 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN CALL SIGN COM CALL SIGN CALL SIG			-						
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP 0.00 MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE	ses Receipts First Group s 0.00 se Rate Fee First Group s 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN CALL SIGN COM CALL SIGN CALL SIG									
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP 0.00 MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE	ses Receipts First Group s 0.00 se Rate Fee First Group s 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN CALL SIGN COM CALL SIGN CALL SIG									
ses Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP 0 0 MMUNITY/ AREA 0 COMMUNITY/ AREA 0 0 0 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0 0 0 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0	Dess Receipts First Group \$ 0.00 se Rate Fee First Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN CALL SIGN COMMUNITY COMUNITY COMUNI									
ss Receipts First Group s O.00 Gross Receipts Second Group s O.00 Base Rate Fee Second Group s O.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA O COMMUNITY/ AREA O ALL SIGN DSE CALL SIGN O COMMUNITY/ AREA O COMMUNITY AREA O COM A	ss Receipts First Group <u>s</u> 0.00 se Rate Fee First Group <u>s</u> 0.00 FIFTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL									
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP 0.00 MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE	ses Receipts First Group <u>\$ 0.00</u> se Rate Fee First Group <u>\$ 0.00</u> FIFTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE C									
siss Receipts First Group \$ 0.00 se Rate Fee First Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 CALL SIGN DSE COMMUNITY/ AREA O COMOUNT DSE CALL SIGN	ses Receipts First Group <u>\$ 0.00</u> se Rate Fee First Group <u>\$ 0.00</u> FIFTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE C			-						
ses Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN	Dess Receipts First Group \$ 0.00 se Rate Fee First Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN CALL SIGN COMUNITY COMUNITY COM			-						
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN <td>ses Receipts First Group s 0.00 se Rate Fee First Group s 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN CALL SIGN COM CALL SIGN CALL SIG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ses Receipts First Group s 0.00 se Rate Fee First Group s 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN CALL SIGN COM CALL SIGN CALL SIG									
sess Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN <td>ses Receipts First Group s 0.00 se Rate Fee First Group s 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN CALL SIGN COM CALL SIGN CALL SIG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ses Receipts First Group s 0.00 se Rate Fee First Group s 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN CALL SIGN COM CALL SIGN CALL SIG									
siss Receipts First Group \$ 0.00 se Rate Fee First Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 CALL SIGN DSE COMMUNITY/ AREA O COMOUNT DSE CALL SIGN	ses Receipts First Group <u>\$ 0.00</u> se Rate Fee First Group <u>\$ 0.00</u> FIFTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE C									
ses Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN	Dess Receipts First Group \$ 0.00 se Rate Fee First Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN CALL SIGN COMUNITY COMUNITY COM				0.00	Total DSEs		11	0.00	
se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP COMMUNITY/AREA 0 COMMUNITY/AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Image: Call Sign in the second	See Rate Fee First Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE COMMUNITY CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN <td< td=""><td></td><td>Croup</td><td>•</td><td></td><td></td><td>and Crown</td><td colspan="2"></td></td<>		Croup	•			and Crown			
FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN	FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN	ss Receipts First	Sloup	<u>></u>	0.00	Gross Receipts Second Group		<u>ې 0.00</u>		
MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN	MMUNITY/ AREA O COMMUNITY/ AREA ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	e Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Image: Sign of the second se	ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN ALL SIGN <td< td=""><td>F</td><td>IFTEENTH</td><td>SUBSCRIBER GRO</td><td>UP</td><td colspan="5">SIXTEENTH SUBSCRIBER GROUP</td></td<>	F	IFTEENTH	SUBSCRIBER GRO	UP	SIXTEENTH SUBSCRIBER GROUP				
al DSEs 0.00 ss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	al DSEs0.00 Total DSEs0.00	/MUNITY/ AREA			0	COMMUNITY/ AREA			0	
ss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
s Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
ss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				-						
ss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
ss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00					••••••••••					
biss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				-						
biss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
biss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
biss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
biss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
biss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
biss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
	Dess Receipts Third Group									
		al DSEs			0.00	Total DSEs			0.00	
			Group	<u>\$</u>			rth Group	S		
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	oss Receipts Third	·		0.00	Gross Receipts Fou		S	0.00	

<u>و</u>		COMPUTATION O		TE FEES FOR EA			ID	
SE DMMUNITY/ ARE		SUBSCRIBER GRO	0	EIGHTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DOL	of the origin	DOL	O, LE CICIL	BOL		DOL	
tal DSEs			0.00	Total DSEs			0.00	
oss Receipts Firs	st Group	\$	0.00	Gross Receipts Second Group		\$ 0.00		
e Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	NINTEENTH	SUBSCRIBER GRO	UP	TWENTIETH SUBSCRIBER GROUP				
MMUNITY/ ARE	A		0	COMMUNITY/ ARE	EA		0	
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
tal DSEs			0.00	Total DSEs			0.00	
	rd Group	S	0.00	Total DSEs Gross Receipts For	urth Group		0.00	
	rd Group				urth Group	\$		
otal DSEs ross Receipts Thi ase Rate Fee Thi		<u>s</u> s						
ss Receipts Thi			0.00	Gross Receipts For			0.00	
s Receipts Thi • Rate Fee Thi	rd Group	\$	0.00	Gross Receipts For Base Rate Fee For	urth Group		0.00	
e Rate Fee Thi	rd Group	\$	0.00	Gross Receipts For	urth Group		0.00	

				TE FEES FOR EA				
OMMUNITY/ ARE		SUBSCRIBER GRO	900 0	TWENTY-SECOND SUBSCRIBER GROUP				
			V					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		_						
		_						
		-						
		-						
		-						
al DSEs			0.00	Total DSEs		••	0.00	
oss Receipts Firs	t Group	\$	0.00	Gross Receipts Second Group		\$ 0.00		
		- -						
e Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Second Group \$ 0.00				
TWE	ENTY-THIRD	SUBSCRIBER GRO	DUP	TWE	NTY-FOURTH	I SUBSCRIBER GRO	UP	
MMUNITY/ ARE	A		0	COMMUNITY/ ARE	EA		0	
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
al DSEs			0.00	Total DSEs			0.00	
oss Receipts Thir	d Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
	- 'F	·				·		
se Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
se Rate Fee: Add	d the base ra	te fees for each sub	scriber group	as shown in the boxe	es above.			
		space L (page 7)				•		

	COMPUTATION O		TE FEES FOR EAC		BER GROUP SUBSCRIBER GRO	
OMMUNITY/ AREA	I SUBSCRIBER GRU	0 0	COMMUNITY/ ARE		SUBSCRIBER GRU	0P 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			-			
tal DSEs	11	0.00	Total DSEs		<u>+</u>	0.00
	¢	0.00		and Crown	¢	0.00
oss Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
	\$				\$	
TWENTY-SEVENTH				NTY-EIGHTH		
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
TWENTY-SEVENTH		OUP	TWE	NTY-EIGHTH		UP
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
TWENTY-SEVENTH	I SUBSCRIBER GRC	DUP 0	COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	UP 0
OMMUNITY/ AREA	I SUBSCRIBER GRC		COMMUNITY/ AREA	NTY-EIGHTH	SUBSCRIBER GRO	
TWENTY-SEVENTH DMMUNITY/ AREA CALL SIGN DSE All Sign DSE All Sign DSE All Sign DSE All DSEs DSE	I SUBSCRIBER GRC	DUP 0 DSE 0 0.00	COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0 DSE
TWENTY-SEVENTH DMMUNITY/ AREA CALL SIGN DSE OMMUNITY/ AREA Image: Comparison of the second	I SUBSCRIBER GRC		COMMUNITY/ AREA		SUBSCRIBER GRO	

BI OC	K A: C	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP	
		SUBSCRIBER GROU				SUBSCRIBER GROUF	c
			0	COMMUNITY/ AREA			0
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	02	OF ALL OF OF OF	002		DOL		DOL
						_	
al DSEs			0.00	Total DSEs			0.00
s Receipts First Group		\$	0.00	Gross Receipts Secon	d Group	\$	0.00
Rate Fee First Group		\$	0.00	Base Rate Fee Secon	d Group	\$	0.00
THIRTY-F	IRST	SUBSCRIBER GROU	ID	THIPTY			_
				1111111	Y-SECOND	SUBSCRIBER GROUP	5
MUNITY/ AREA			0	COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROUP	0
	SE	CALL SIGN		11	-SECOND DSE	CALL SIGN	
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
			0	COMMUNITY/ AREA			0
ALL SIGN DS			0	COMMUNITY/ AREA			0
ALL SIGN DS ALL S	SE		DSE	COMMUNITY/ AREA CALL SIGN	DSE		DSE
CALL SIGN DS CALL	SE	CALL SIGN	0 DSE 0.00	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	0 DSE
DMMUNITY/ AREA	SE	CALL SIGN	0 DSE 0.00	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	0 DSE

		COMPLITATION		ATE FEES FOR EAG			
ТІ		SUBSCRIBER GRC				SUBSCRIBER GRO)I IP
OMMUNITY/ ARE			0	COMMUNITY/ ARE			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
		-					
		-					
		11					
al DSEs			0.00	Total DSEs			0.00
ss Receipts Fire	st Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
e Rate Fee Firs	st Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
						L	
		SUBSCRIBER GRC		11		SUBSCRIBER GRO	
MMUNITY/ ARE	A		0	COMMUNITY/ ARE	A		0
							
LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
		-					
						11	I
				· · · · · · · · · · · · · · · · · · ·			
tal DSEs			0.00	Total DSEs			0.00
	rd Group	s			urth Group		
	rd Group	S	0.00	Total DSEs Gross Receipts Fou	Irth Group	S	0.00
otal DSEs ross Receipts Thi		S	0.00	Gross Receipts Fou	-	<u>s</u>	0.00
		S S			-	s	
oss Receipts Thi			0.00	Gross Receipts Fou	-	· · · · · · · · · · · · · · · · · · ·	0.00
ss Receipts Thi e Rate Fee Thi	rd Group	\$	0.00	Gross Receipts Fou Base Rate Fee Fou	irth Group	· · · · · · · · · · · · · · · · · · ·	0.00
s Receipts Thi Rate Fee Thi Rate Fee: Ac	rd Group Id the base ra	\$	0.00	Gross Receipts Fou	irth Group	· · · · · · · · · · · · · · · · · · ·	0.00

TU-0-1							
MMUNITY/ ARE		SUBSCRIBER GRO	<u>900</u>	I H COMMUNITY/ ARE		SUBSCRIBER GRC	0 0
			J				J
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
al DSEs			0.00	Total DSEs			0.00
ss Receipts Firs	st Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
	it oroup	÷				÷	
e Rate Fee Firs	st Group	s	0.00	Base Rate Fee Sec	cond Group	\$	0.00
		•					
		SUBSCRIBER GRO	DUP 0			SUBSCRIBER GRC	0 0
/MUNITY/ ARE	.A		U	COMMUNITY/ ARE	-A		U
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		+					
						-	
				Internet interne			
al DSEs			0.00	Total DSEs			0.00
	rd Group				urth Group		
	rd Group	s	0.00	Total DSEs Gross Receipts Fou	urth Group	<u>s</u>	0.00
oss Receipts Thi			0.00	Gross Receipts For			0.00
		s				S	
ss Receipts Thi		<u>\$</u>	0.00	Gross Receipts For			0.00
e Rate Fee Thi	rd Group Id the base rat	\$	0.00	Gross Receipts For	urth Group		0.00

				ATE FEES FOR EAG			
		SUBSCRIBER GRC				SUBSCRIBER GRC	UP
OMMUNITY/ AREA			0	COMMUNITY/ ARE			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
al DSEs			0.00	Total DSEs			0.00
ss Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
				505			
FOI		SUBSCRIBER GRC	0 0	COMMUNITY/ ARE		I SUBSCRIBER GRC	0 0
			v				U
LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
						. <mark></mark>	
			1				
al DSEs			0.00	Total DSEs			0.00
oss Receipts Third	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00
an Data Ean Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00
se Rate Fee Third							
				<u> </u>			
Rate Fee: Add		te fees for each subs	criber group	as shown in the boxe	es above.	s	

		SUBSCRIBER GRO				IBER GROUP SUBSCRIBER GRO	
MMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GRO	0
			v		-~		v
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		_					
		-				-	
						-	
		_				-	
		-					
I DSEs			0.00	Total DSEs			0.00
	~						
s Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
e Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
FORT	SEVENTH	SUBSCRIBER GRO					
			םו ור	FO	RTV_EIGHTH	SUBSCRIBER GRO	IIP
		CODOCIDENCIA		1		SUBSCRIBER GRO	
MUNITY/ AREA		CODOCINDEN ON	0 0	FO COMMUNITY/ ARE		SUBSCRIBER GRO	0 0
			0	COMMUNITY/ ARE	EA		0
		CALL SIGN		1		SUBSCRIBER GRO	
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
			0	COMMUNITY/ ARE	EA		0
MMUNITY/ AREA			0 DSE	COMMUNITY/ ARE	EA		0 DSE
ALL SIGN			0 DSE	COMMUNITY/ ARE CALL SIGN			0 DSE
ALL SIGN			0 DSE	COMMUNITY/ ARE CALL SIGN			0 DSE
			0 DSE	COMMUNITY/ ARE CALL SIGN		CALL SIGN	0 DSE
ALL SIGN	Group		0 DSE	COMMUNITY/ ARE CALL SIGN	Inth Group	CALL SIGN	0 DSE
LL SIGN	Group		0 DSE 0.00 0.00	COMMUNITY/ ARE CALL SIGN CALL SIGN Total DSEs Gross Receipts Fou	Inth Group	CALL SIGN	0 DSE 0.00 0.00
L SIGN	Group		0 DSE 0.00 0.00	COMMUNITY/ ARE CALL SIGN CALL SIGN Total DSEs Gross Receipts Fou	Inth Group	CALL SIGN	0 DSE 0.00 0.00
L SIGN	DSE DSE Group Group Group	CALL SIGN	0 DSE 0.00 0.00 0.00	COMMUNITY/ ARE CALL SIGN CALL SIGN Total DSEs Gross Receipts Fou	EA	CALL SIGN	0 DSE 0.00 0.00

FORM SA3E. PAGE 1

		INC						
				TE FEES FOR EA				
		SUBSCRIBER GRO	DUP 0			I SUBSCRIBER GRO	UP 0	ļ
OMMUNITY/ AREA	•		U	COMMUNITY/ ARE	-A		U	Comp
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	oompo
								Base R
								an
								Syndi
								Exclu
		-						Surch
								fo
		-						Parti Dist
								Stati
						1		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
		SUBSCRIBER GRO	<u>, 10</u>	1		SUBSCRIBER GRO	0P 0	
OMMUNITY/ AREA	•		U	COMMUNITY/ ARE	-A		U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Dtal DSEs			0.00	Total DSEs			0.00	
	l Group		0.00	Total DSEs Gross Receipts For	urth Group	\$	0.00	
otal DSEs pross Receipts Third	l Group	\$			urth Group	\$		
		\$\$				\$ \$		
ross Receipts Third		\$	0.00	Gross Receipts For			0.00	
oss Receipts Third		\$\$	0.00	Gross Receipts For			0.00	
ross Receipts Thiro ase Rate Fee Thiro	I Group the base ra	\$ te fees for each sub	0.00	Gross Receipts For	urth Group		0.00	

	COMPUTATION O SUBSCRIBER GRO					
OMMUNITY/ AREA	SUBSCRIBER GRU	0P 0	COMMUNITY/ ARE		I SUBSCRIBER GRO	<u>0</u> 0
		v	COMMONT I/ ARE	A		U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
tal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
	Ŧ				Ŧ	
	SUBSCRIBER GRO		11		I SUBSCRIBER GRO	
	SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		I SUBSCRIBER GRO	UP 0
/MUNITY/ AREA	SUBSCRIBER GRC		11		I SUBSCRIBER GRO	
/MUNITY/ AREA		0	COMMUNITY/ ARE	A		0
MMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
MMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
MMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
DMMUNITY/ AREA			COMMUNITY/ ARE	A		0 DSE
OMMUNITY/ AREA	CALL SIGN	0 DSE	COMMUNITY/ ARE CALL SIGN	A	CALL SIGN	0 DSE
	CALL SIGN	0 DSE	COMMUNITY/ ARE CALL SIGN	A	CALL SIGN	0 DSE

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC	SYSTEM ID# 034643
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSC	RIBER GROUP
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustals of Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in 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 and	INSTRUCTIONS: 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
Syndicated Exclusivity Surcharge for Partially	 Step 1: In fine 1, give the total DOL'S by subscriber group for commercial Vin Chade D contour stations instea in block 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 of 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 	lassified as
Distant Stations	schedule. In making this computation, use gross receipts figures applicable to the particular group. You do no your actual calculations on this form.	
	FORTY-FIRST SUBSCRIBER GROUP FORTY-SECOND SUBSCRIB	ER GROUP
	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 SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group	
	FORTY-THIRD SUBSCRIBER GROUP FORTY-FOURTH 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 SYNDICATED EXCLUSIVITY SURCHARGE 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)	

9 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP 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 Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Instructions: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 2: In line 2, give the total number of DSEs by subscriber group using the formula outlined in block 0, section 3 or 4 of 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 0, section 3 or 4 of part 7 of this schedule. If none enter zero. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block 0, section 3 or 4 of part 7 of this schedule. If none enter zero. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block 0, section 3 or 4 of part 7 of this schedule. If none enter zero. In e1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 3: Subtract line 2 from line 1 and enter herer. This is the total number of DSEs for thi	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC	FORM SA3E, PAGE 20. SYSTEM ID# 034643
9 Computation of Base Rate Free and Syndicated Exclusivity Surcharge for Partially Distant Stations 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 for and Syndicated Exclusivity Surcharge for Partially Distant Stations Step 3: In line 2, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 3: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 7 of this schedule. 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, part 7 of this schedule. If none enter zero. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, part 7 of this schedule. If none inter zero. 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. Ine 1: Enter the VHF DSEs Line 1: Enter the VHF 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 SynDiCATED EXCLUSIVITY SynDiC			
of Base Rate Fee and Second 50 major television market Second 50 major television market Stp 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. Surcharge for Partially Distant Stations Stp 1: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule. Stp 2: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs. 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. FORTY-FIFTH SUBSCRIBER GROUP FORTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation Line 3: SyNDICATED EXCLUSIVITY SURCHARGE SyNDICATED EXCLUSIVITY SURCHARGE SyNDICATED EXCLUSIVITY SURCHARGE Forty-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP	-	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market	e station is not exempt in Part 7, you mustalso compute a
and Syndicated Exclusivity 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. Surcharge for Partially Distant Stations Step 2: In line 2, give the total number of DSEs by subscriber group using the formula outlined in block N, part 9 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 N, 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. FORTY-FIFTH SUBSCRIBER GROUP FORTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt 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 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 SYNDICATED EXCLUSIVITY SURCHARGE Second Group FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP	-	☐ First 50 major television market	Second 50 major television market
Syndicated Exclusivity this schedule. Surcharge for Step 2: In line 2, give the total number of DSEs by 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. FORTY-FIFTH SUBSCRIBER GROUP FORTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs or this subscriber group subject to the surcharge computation Line 1: Enter the VHF DSEs SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE Line 3: FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP			al VHE Grade B contour stations listed in block A, part 9 of
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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Syndicated Exclusivity Surcharge for Partially Distant	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure 	r the VHF Grade B contour stations that were classified as zero. DSEs used to compute the surcharge. mula outlined in block D, section 3 or 4 of part 7 of this
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 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 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 suncharge First Group \$ FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP		FORTY-FIFTH SUBSCRIBER GROUP	FORTY-SIXTH SUBSCRIBER 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		Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation		Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
SURCHARGE SURCHARGE First Group Second Group FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP		and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
		SURCHARGE	SURCHARGE
		FORTY-SEVENTH SUBSCRIBER GROUP	FORTY-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 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from line 1and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surchargecomputation		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
SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group		SURCHARGE	
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)			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC	FORM SA3E. PAGE 20. SYSTEM ID# 034643
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	VITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marke by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerci	al VHE Grade B contour stations listed in block A, part 9 of
and Syndicated Exclusivity Surcharge for	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of I	the VHF Grade B contour stations that were classified as zero. DSEs used to compute the surcharge.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.	-
	FORTY-NINTH SUBSCRIBER GROUP	FIFTIETH 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
	SURCHARGE First Group	SURCHARGE Second Group
	FIFTY-FIRST SUBSCRIBER GROUP	FIFTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF 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 each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC	FORM SA3E. PAGE 20. SYSTEM ID# 034643
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVIT	TY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the sta Syndicated Exclusivity Surcharge. Indicate which major television market ar 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 and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial V	/HE Grade B contour stations listed in block A part 9 of
Syndicated Exclusivity Surcharge for	 Step 2: In line 2, give the total number of DSEs by subscriber group for the Exempt DSEs in block C, part 7 of this schedule. If none enter zer Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSE Step 4: Compute the surcharge for each subscriber group using the formula 	• VHF Grade B contour stations that were classified as o. Es used to compute the surcharge.
Partially Distant Stations	schedule. In making this computation, use gross receipts figures a your actual calculations on this form.	
	FIFTY-THIRD SUBSCRIBER GROUP	FIFTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	ine 1: Enter the VHF DSEs
		ine 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 Line 3: Subtract	ine 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
	FIFTY-FIFTH SUBSCRIBER GROUP	FIFTY-SIXTH SUBSCRIBER GROUP
		ine 1: Enter the VHF DSEs
	· · · · · · · · · · · · · · · · · · ·	ine 2: Enter the Exempt DOLD
		SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each s in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC	SYSTEM ID# 034643
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
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 commerce this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter 	r the VHF Grade B contour stations that were classified as
for Partially Distant Stations	Step 3: In line 3, subtract line 2 from line 1. This is the total number ofStep 4: Compute the surcharge for each subscriber group using the for	DSEs used to compute the surcharge.
	FIFTY-SEVENTH SUBSCRIBER GROUP	FIFTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the V/HE DSEe	
	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
	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
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S	STEM ID# 034643
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GRO	UP
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	
Base Rate Fee and	INSTRUCTIONS: 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	
Syndicated Exclusivity Surcharge for	 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. 	
Partially Distant Stations	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.	
	SIXTY-FIRST SUBSCRIBER GROUP SIXTY-SECOND 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 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation	
	First Group \$ Second Group \$	
	SIXTY-THIRD SUBSCRIBER GROUP SIXTY-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)	