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

### SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
08/07/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting		2020/1							
Period									
Bowner	Oive the full legal fiable of the cable system. If the owner is a subsidiary of another corporation, give the full corpo								
	LI	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	CHIPPEWA VALLEY CABLE, INC.								
		NTEC							
					390	920201			
					3909	2020/1			
					0303	2020/1			
		PO BOX 228							
		DURAND, WI 54736							
		DORAND, WI 34730							
С		STRUCTIONS: In line 1, give any business or trade names used to it							
	nai	mes already appear in space B. In line 2, give the mailing address of	the system, ii diii	erent from the address give	n in space	Б.			
System	IDENTIFICATION OF CABLE SYSTEM:								
	CHIPPEWA VALLEY CABLE, INC DBA NTEC								
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	PO BOX 228 (Number, street, rural route, apartment, or suite number)							
		DURAND, WI 54736							
		(City, town, state, zip code)							
D	Ins	structions: For complete space D instructions, see page 1b. Identify	only the frst comr	munity served below and rel	ist on page	 ∋ 1b			
Area	wit	h all communities.							
Served		CITY OR TOWN	STATE						
First		ARKANSAW	WI						
Community	Е	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.							
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	3 GRP#			
Sample	Alc		MD	Α		1			
		iance	MD	В		2			
	Ge	ring	MD	В		3			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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.

ORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2020/				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
CHIPPEWA VALLEY CABLE, INC.			3909					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile below the identified city or town.	home parks should b	pe reported in pare	ntheses					
If all communities receive the same complement of television broadcast stations (i.e all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	e the column blank.	If you report any st	ations					
When reporting the carriage of television broadcast stations on a community-by-cor channel line-up designated by an alpha-letter(s) (based on your Space G reporting) (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	and a subscriber gro							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-				
ARKANSAW	WI		1	First				
DURAND (CITY)	WI	R	1	Community				
DURAND (TOWN)	WI	Ī	1					
GILMANTON	WI	l	1					
MONDOVI	WI	R	1					
NELSON (VILLAGE)	WI	l	1	See instructions for				
PLUM CITY	WI	R	2	additional information				
				on alphabetization.				
				Add rows as necessary				

Α	ACC	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:					
В	Give	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					
Owner	corpo	orate title of the subsidiary, not that of the parent corporation.					
	In line	e 2, list any other names under which the owner conducts the business of the cable system.					
	If the	re were different owners during the accounting period, only the owner on the last day of the accounting period should submit					
	a sing	gle statement of account and royalty fee payment covering the entire accounting period.		BARCODE DATA			
	·	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	3909	Filing Period			
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:		3:			
	CHIPPEWA VALLEY CABLE, INC.						
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):					
		NTEC					
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:					
		PO BOX 228					
		(Number, street, rural route, apartment, or suite number)					
		DURAND, WI 54736					
		(City, town, state, zip)					
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С	names	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		CHIPPEWA VALLEY CABLE, INC DBA NTEC					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	PO BOX 228 (Number, street, rural route, apartment, or suite number)					
		DURAND. WI 54736					
		(City, town, state, zip code)					

	BLO	OCK 1		-		
E		NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Secondary	Residential:					
Transmission	Service to first set	1,129	99.15			
Service: Sub-	<ul> <li>Service to additional set(s)</li> </ul>					
scribers and	• FM radio (if separate rate)			ļ		
Rates	Motel, hotel Commercial					
	Converter					
	• Residential					
	Non-residential					
	· Non-residential					
				1		
			BLOCK 1			
F	CATEGORY OF SERVICE	RATE	CATEGORY OF		RATE	
•	Continuing Services:	12.05	Installation: No	• Motel. hotel		
Services	Pay cable     Pay cable—add'l channel	12.95		Motel, notel     Commercial		
Other Than	Fire protection			Pav cable		•
Secondary	Burglar protection			Pay cable-add'l channel		•
Transmissions:	Installation: Residential		1	• Fire protection		1
Rates	• First set			Burglar protection		]
	Additional set(s)		Other services			
	• FM radio (if separate rate)			• Reconnect	38.00	ļ
	Converter			Disconnect		ļ
				Outlet relocation		
				Move to new address		
		-	-			
	CHANNELS					
M	Instructions: You must give (1	) the number of cha	nnels on which	the cable system carried to	elevision broadcast	stations
	to its subscribers and (2) the ca					
Channels				,		
	Enter the total number of cha	annels on which the	cable			
	system carried television broa					9
	system carried television block	aucasi sialions				
	Enter the total number of act	ireted shannels				
	on which the cable system ca		idcast stations			59
	and nonbroadcast services					
N	INDIVIDUAL TO BE CONTAC		NFORMATION	IS NEEDED (Identify an ir	ndividual	
Individual to	we can contact about this state	ment of account.)				
Be Contacted for Further	Name	Laura Gullick	cson		Telephone	715-672-4204
Information	INGILIO	Luura Guiller			reiebilolie	
	Address	DO DOY OOD				
		PO BOX 228				
			ber, street, rural i	oute, apartment, or suite num	ber)	
		(Num				
		(Num Durand, WI 5			ber)	
		(Num Durand, WI 5	4736			
	Email (optional)	(Num Durand, WI 5 (City,	4736 town, state, zip)			715-672-4344
	Email (optional)	(Num Durand, WI 5 (City,	4736 town, state, zip)			
		Durand, WI 5 (City,	4736 town, state, zip)		Fax (optional)	715-672-4344
	CERTIFICATION (This statemen	Durand, WI 5 (City, laura@ntec.r	4736 town, state, zip)	igned in accordance with C	Fax (optional)	<b>715-672-4344</b>
0	CERTIFICATION (This statemen Signature Space O – this form w	Durand, WI 5 (City, laura@ntec.r	4736 town, state, zip)  net  e certifed and s an electronic "	igned in accordance with C	Fax (optional)	<b>715-672-4344</b>
O Certification	CERTIFICATION (This statemen	Durand, WI 5 (City, laura@ntec.r	4736 town, state, zip)  net  e certifed and s an electronic "	igned in accordance with C	Fax (optional)	<b>715-672-4344</b>
	CERTIFICATION (This statemen Signature Space O – this form w	Durand, WI 5 (City, laura@ntec.r	4736 town, state, zip)  net  e certifed and s an electronic "	igned in accordance with C	Fax (optional)	<b>715-672-4344</b>
	CERTIFICATION (This statemen Signature Space O – this form w	Durand, WI 5 (City, laura@ntec.r	4736 town, state, zip)  net  e certifed and s an electronic "	igned in accordance with C fs/r signature (e.g., /s/Johr in Space O of tab "page 8,	Fax (optional)	<b>715-672-4344</b> ulations.)
	CERTIFICATION (This statemen Signature Space O – this form w	Durand, WI 5 (City, laura@ntec.r	4736 town, state, zip) net e certifed and s an electronic ", e signature box	igned in accordance with C fs/r signature (e.g., /s/Johr in Space O of tab "page 8,	Fax (optional) copyright Office regularity. Do not for space M-O*.	<b>715-672-4344</b>
	CERTIFICATION (This statemen Signature Space O – this form w	Durand, WI 5 (City, laura@ntec.r	town, state, zip)  et  e certifed and s an electronic ", e signature box	igned in accordance with C sss signature (e.g., ssJohr in Space O of tab "page 8, sted name: Christy	Fax (optional)  opyright Office regs Smith). Do not fo space M-O*.	715-672-4344  ulations.) gget to enter an electronic
	CERTIFICATION (This statemen Signature Space O – this form w	Durand, WI 5 (City, laura@ntec.r	town, state, zip)  et  e certifed and s an electronic ", e signature box	igned in accordance with C sss signature (e.g., ssJohr in Space O of tab "page 8, sted name: Christy	Fax (optional)  opyright Office regs Smith). Do not fo space M-O*.	<b>715-672-4344</b>
	CERTIFICATION (This statemen Signature Space O – this form w	Durand, WI 5 (City, laura@ntec.r	4736 town, state, zip)  et  e certifed and s an electronic ", s signature box  Typed or prir  Title:  (Title of	igned in accordance with C ssr signature (e.g., /s/Johr in Space O of tab "page 8, sted name: Christy  GM/Exec VP	Fax (optional)  opyright Office regs Smith). Do not fo space M-O*.	715-672-4344  ulations.) gget to enter an electronic
	CERTIFICATION (This statemen Signature Space O – this form w	Durand, WI 5 (City, laura@ntec.r	town, state, zip)  et  e certifed and s an electronic ", e signature box	igned in accordance with C s/s signature (e.g., /s/Johr in Space O of tab "page 8, ated name: Christy  GM/Exec VP of official position held in corpo-	Fax (optional)  copyright Office reg; Smith). Do not fo space M-O*.  Berger	715-672-4344  ulations.) gget to enter an electronic

U.S. Copyright Office

ОК

**Subgroup Gross Receipts Total** 

\$ 1,107,392.74

Subgroup		Subgroup/Community Name			<b>Gross Receipts</b>		
FIRST 1	1	PIERCE COUNTY	\$		70,870.69		
SECOND 2	2	BUFFALO, PEPIN, DUNN COUNTIES	\$	;	1,036,522.05		
THIRD 3	3						
FOURTH 4	4						
FIFTH 5	5						
SIXTH 6	6						
SEVENTH 7	7						
EIGHTH 8	8						
NINTH 9	9						
TENTH 10	0						
ELEVENTH 1:	1						
TWELVTH 12	2						
THIRTEENTH 13	.3						
FOURTEENTH 14	4						
FIFTEENTH 1:	.5						
SIXTEENTH 10	.6						
SEVENTEENTH 1	7						
EIGHTEENTH 13	.8						
NINTEENTH 15	9						
TWENTIETH 20	20						
TWENTY-FIRST 2:	21						
TWENTY-SECOND 23	22						
TWENTY-THIRD 23	23						
TWENTY-FOURTH 24	24						
TWENTY-FIFTH 25	25						
TWENTY-SIXTH 2	26						
TWENTY-SEVENTH 2	27						
TWENTY-EIGHTH 25	28						
TWENTY-NINTH 25	9						
THIRTIETH 30	80						
THIRTY-FIRST 3:	31						
THIRTY-SECOND 33	32						
THIRTY-THIRD 3:	3						
THIRTY-FOURTH 34	84						
THIRTY-FIFTH 35	35						
THIRTY-SIXTH 36	86						
THIRTY-SEVENTH 3°	37						
THIRTY-EIGHTH 33	88						
THIRTY-NINTH 35	89						
FORTIETH 40	10						

1 Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of
1. Call Sign WCCO	4	N	MINNEAPOLIS, MN	0.250	Carriage
KSTP	5	N		0.250	0 0
WHWC	28	E	ST PAUL, MN		U
WKBT	8	N	MENOMONIE, WI LA CROSSE, WI	0.250 0.250	
WQOW	18	N	EAU CLAIRE, WI	0.250	
WEAU	13	N	EAU CLAIRE, WI	0.250	
KARE	11	N		0.250	0
CW/WQOW	18.2	N	MINNEAPOLIS, MN EAU CLAIRE, WI	0.250	0
Decades/WQO					
W	18.3	N	EAU CLAIRE, WI	0.250	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	

**ACCOUNTING PERIOD: 2020/1** 

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 20201 CHIPPEWA VALLEY CABLE, 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.

	•

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CHIPPEWA VALLEY CABLE, INC.

SYSTEM ID#

### Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	1,129	\$ 99.15	IPTV	675	\$ 120.30		
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial							
Converter							
<ul> <li>Residential</li> </ul>							
Non-residential							

### F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1							
RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE				
	Installation: Non-residential						
\$ 12.95	Motel, hotel						
	Commercial						
	• Pay cable						
	<ul> <li>Pay cable-add'l channel</li> </ul>		***************************************				
	Fire protection		***************************************				
	Burglar protection		***************************************				
	Other services:						
	Reconnect	\$ 38.00					
	Disconnect						
	Outlet relocation						
	Move to new address						
	\$ 12.95	RATE CATEGORY OF SERVICE  Installation: Non-residential  • Motel, hotel  • Commercial  • Pay cable  • Pay cable-add'l channel  • Fire protection  • Burglar protection  Other services:  • Reconnect  • Disconnect  • Outlet relocation	RATE CATEGORY OF SERVICE RATE  Installation: Non-residential  • Motel, hotel  • Commercial  • Pay cable  • Pay cable-add'l channel  • Fire protection  • Burglar protection  Other services:  • Reconnect  • Disconnect  • Outlet relocation				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CHIPPEWA VALLEY CABLE, INC. 3909 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) **WCCO** 4 Ν 0 MINNEAPOLIS, MN Yes **KSTP** 5 Ν Yes 0 ST PAUL, MN See instructions for additional information **WHWC** 28 Ε No MENOMONIE, WI on alphabetization. **WKBT** 8 Ν No LA CROSSE, WI **WQOW** 18 Ν No EAU CLAIRE, WI **WEAU** 13 Ν No **EAU CLAIRE, WI KARE** 11 Ν Yes MINNEAPOLIS, MN 0 CW/WQOW 18.2 Ν No **EAU CLAIRE, WI** Decades/WQOW 18.3 Ν No **EAU CLAIRE, WI** 

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 3909 CHIPPEWA VALLEY CABLE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2020/1
LEGAL NAME OF OWNER OF							SYSTEM ID#	Name
CHIPPEWA VALLEY C	ABLE, IN	C.					3909	Name
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG					ı
In General: In space I, identi substitute basis during the ac explanation of the programm	ccounting pe ing that mus	eriod, under spe et be included in	cific present and former FC n this log, see page (v) of the	C rules, regula	ations, or a	uthorizatio	ns. For a further	Substitute Carriage:
SPECIAL STATEMENT     During the accounting per	iod, did you			s, any nonnet	twork telev			Special Statement and
broadcast by a distant stat  Note: If your answer is "No"		rest of this pag	ge blank. If your answer is	'Yes," you mu	ust complet	: <b>Ye</b> te the proç		Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every noi distant stati gulations, o tion. Do no .ucy" or "NE n was broad sign of the s idcast static adian static ath and day /e "5/7." es when the Example: a er "R" if the and regulatic ogramming	m on a separa attach additional network televiton and that your authorizational tuse general of the Basketball: deast live, enterestation broadcast is location (the separation of the separation) and the separation broadcast is any, the separation of the separation of the separation is substitute program carries is substitute program c	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the geneategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute purposed by a system from 6:01:  was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is licenstation is idenorogram. Use cable system. I5 p.m. to 6:2 mming that ye; enter the leti	during the ramming one located List specificated by the stiffied). numerals, List the tir 8:30 p.m. sour system ter "P" if the	accountir f another in the paper fic program e FCC or, with the r mes accur should be n was requelisted pr	ng station per m in month rately	
		E PROGRAM			EN SUBST		7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6.	TIMES	FOR DELETION	
						_		
		l			L			

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

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
CHIPPEWA VALLEY CABLE, INC.
3909

### J

### Part-Time Carriage Log

### PART-TIME CARRIAGE LOG

**In General:** This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

**Column 1 (Call sign):** Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

**Column 2 (Dates and hours of carriage):** For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE									
CALL SIGN -	ALL SIGN WHEN CARRIAGE O				CALL SIGN	WHEN	CARRIAGE O		
	DATE	HOUR FROM	TO			DATE	FROM	OUR	TO
		_						_	
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LEG	SA3E. PAGE 7.  AL NAME OF OWNER OF CABLE SYSTEM:  IPPEWA VALLEY CABLE, INC.			SYSTEM ID#	Name				
GR Ins	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's sec			he total of	K				
(as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  \$ 1,107,392.74									
IMF	ORTANT: You must complete a statement in space P concerning gross receipts.	(	(Amount of g	ross receipts)					
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entere	ed on line	1 of					
-	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered	on line 2	in block					
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be e	entered or	n line					
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.			t of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	1,107,392.74					
	Enter the result here. This is your minimum fee.	\$		11,782.66					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting periods.	mn 4, yo	ou must c	heck					
Block	Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and c  Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	omplete _	\$ line 1, blo	8,271.45					
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	-		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$		8,271.45					
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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	_	\$	11,782.66	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  0.00								
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)								
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		12,507.66	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	ge (i) of th	ne					

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#									
Name	CHIPPEWA VALLEY CABLE, INC. 3909									
	OTHER VALLET GABLE, INC.									
	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels	1. Enter the total number of channels on which the cable									
	system carried television broadcast stations									
	9,555,755,755,755,755,755,755,755,755,75									
	2. Enter the total number of activated channels									
	on which the cable system carried television broadcast stations									
	and nonbroadcast services									
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
	we can contact about this statement of account.)									
Individual to										
Be Contacted for Further	Name Laura Gullickson Telephone 715-672-4204									
Information	Name Laura Guincason									
	70 70V 000									
	Address PO BOX 228 (Number, street, rural route, apartment, or suite number)									
	Durand, WI 54736 (City, town, state, zip)									
	Email laura@ntec.net Fax (optional) 715-672-4344									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.									
0	J 173 1									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	, , , , , , , , , , , , , , , , , , , ,									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified									
	in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system									
	in line 1 of space B.									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein									
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.									
	[18 U.S.C., Section 1001(1986)]									
	V (-) Obrito Branco									
	/s/ Christy Berger									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.									
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the									
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.									
	Typed or printed name: Christy Berger									
	OM/Essa MD									
	Title: GM/Exec VP (Title of official position held in corporation or partnership)									
	(The of official position from all corporation of partitionally)									
	Date: July 24, 2020									
	Date: July 31, 2020									

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
CHIPPEWA VALLEY CABLE, INC. 3909	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally 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 telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2020/1

# 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 carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

The 3.75 Fee. If a cable system located in whole or in part within  $\varepsilon$  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 systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

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

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

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

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any 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.

# COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

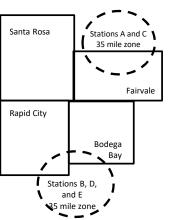
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE**:

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

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



	Distant Stations Carried		Identification of	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
)-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

**ACCOUNTING PERIOD: 2020/1** 

DSE SCHEDULE. PAG	SE 11. (CONTINUED)											
1	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:			S	YSTEM ID#						
	CHIPPEWA VALLEY C	ABLE, INC.				3909						
	SUM OF DSEs OF CATEGO	RY "O" STATIO	NS:									
	Add the DSEs of each station.											
	Enter the sum here and in line	e 1 of part 5 of thi	s schedule.		0.75							
•	Instructions:					=						
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "C											
Computation	of space G (page 3).  Computation In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network											
of DSEs for	mercial educational station, give the DSE as ".25."											
Category "O"			CATEGORY "O" STATIO	NS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WCCO	0.250	KSTP	0.250	KARE	0.250						
A 1.1												
Add rows as												
necessary.												
Remember to copy all formula into new												
rows.												
TOWS.												
	111111111111111111111111111111111111111											
•	h	····•		<b> b</b>	hul	F						

	LEGAL NAME OF	OWNER OF CABLE SYSTEM	<b>1</b> :					S	YSTEM ID#
Name	CHIPPEWA	VALLEY CABLE, I	NC.						3909
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all die 2: For each station, giv correspond with the in: 3: For each station, giv 4: Divide the figure in c t at least to the third de 5: For each independent value as ".25." 6: Multiply the figure in	e the number of formation given e the total numbolumn 2 by the cimal point. Thint station, give the column 4 by the column 4 by the column 4 by the formation is the column 4 by the c	f hours your cable sin space J. Calculation of hours that the figure in column 3, is is the "basis of cathe "type-value" as the figure in column 5.	system ca ate only o e station I and give arriage va "1.0." For 5, and giv	arried the sta one DSE for e broadcast ov the result in alue" for the s each netwo	tion during the accountine each station. Fer the air during the accordecimals in column 4. T	ounting period. his figure must ucational station,	
Capacity	-		CATEGORY	Y LAC STATIO	NS: CO	MPI ITATI	ON OF DSEs		
	1. CALL SIGN		BER DURS RIED BY	3. NUMBER OF HOURS STATION ON AIR	4.	BASIS OF CARRIAG VALUE	5. TYPE		βE
			÷		=		<u>x</u>	=	
			÷ ÷				<u>x</u>	=	
			÷				x x	=	
			+		=		x	=	
			÷		=		<u>x</u>	=	
			÷ ÷		=		X X	=	
	Add the DSEs	s OF CATEGORY LAC of each station. um here and in line 2 o		chedule,			0.00	<u>,]</u>	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe     Broadcast of space I).     Column 2:     at your option.     Column 3:     Column 4:	d by your system in subsect on October 19, 197 one or more live, nonne For each station give the This figure should confert the number of doubt the figure in colons is the station's DS	ostitution for a p 6 (as shown by twork programs the number of liverspond with the ays in the calen umn 2 by the fig E (For more inf	rogram that your single letter "P" in colduring that optional ve, nonnetwork prole information in sp. dar year: 365, exceptive in column 3, a formation on rounding the letter in column 3.	ystem wa lumn 7 of I carriage ograms ca ace I. ept in a lea ind give the ing, see p	is permitted to space I); and (as shown by arried in substance page (viii) of the space of the space (viii) of the space (viii	the word "Yes" in column titution for programs that plumn 4. Round to no les the general instructions i	2 of t were deleted es than the third	rm).
							ATION OF DSEs	Τ	T .
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUME OF DA IN YEA	YS	1	I. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷	<u> </u>			<mark></mark>	<del>-</del>	=
			<u> </u>					<del>-</del>	=
			÷	=			•	÷	=
			÷	=			<mark></mark>	÷	=
	Add the DSEs	s OF SUBSTITUTE-BA of each station. um here and in line 3 o					0.00	· ]	=
<b>5</b> Total Number of DSEs	number of DSE  1. Number o  2. Number o	ER OF DSEs: Give the as applicable to your systom of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ●		e boxes in parts 2, 3	3, and 4 of	f this schedul	e and add them to provide	0.75 0.00 0.00	
	TOTAL NUMBE	ER OF DSEs						,	0.75

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

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CHIPPEWA VALLEY CABLE, INC.  3909								Name	
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.										
BLOCK A: TELEVISION MARKETS										
effect on June 24	em located wholly of 4, 1981? mplete part 8 of the nplete blocks B and	schedule—I	•					gulations in	3.75 Fee	
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs				
Column 1: CALL SIGN	under FCC rules	and regulatine DSE Sche	ons prior to Ju dule. (Note: T	part 2, 3, and 4 on ne 25, 1981. For function he letter M below r Act of 2010.)	urther explan	ation of permitt	ed stations, see th	ne		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ri A Stations carri 76.61(b)(c)] B Specialty stat C Noncommeric D Grandfathere instructions for E Carried pursu *F A station pre	ules and reguled pursuant ion as define cal education (76. or DSE schedant to individe evicusly carried JHF station v	alations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parac dule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(	ose in effect of 76.57, 76.59(t) (e)(1), 76.63(a).63(a) referring abstitution of gasis prior to June 2007.	on June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered s	76.63(a) referring			
Column 3:		e stations ide	entified by the l	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of		
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL SIGN	2. PERMITTED	3. DSE		
SIGN	BASIS	0.25	SIGN KSTP	BASIS	0.25	KARE	BASIS	0.25		
		· · · · · · · · · · · · · · · · · · ·								
								0.75		
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE					
	ne total number of						,			
Line 2: Enter th	ne sum of permitte	ed DSEs fro	m block B ab	ove			1-			
	et line 2 from line of , leave lines 4–7 b			,		5 rate.				
Line 4: Enter g	ross receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially	
Line 5: Multiply	line 4 by 0.0375	and enter s	um here				x		permited/ partially nonpermitted	
Line 6: Enter to	otal number of DS	Es from line	3				, <u> </u>		carriage? If yes, see part 9 instructions.	
Line 7: Multiply	line 6 by line 5 a	nd enter hei	e and on line	2, block 3, spac	ce L (page 7	)		0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CHIPPEWA VALLEY CABLE, INC. 3909 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE 3. DSE BASIS SIGN BASIS SIGN SIGN BASIS Computation of 3.75 Fee

	LEGAL NAME OF OWN	NER OF CABLE	SYSTEM:				SYSTEM ID#					
Name	CHIPPEWA VA	LLEY CABL	E, INC.				3909					
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters											
	,				D ON A PART-TIME A							
	1. CALL	2. PRIO		COUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED					
	SIGN	DSE	PI	ERIOD	CARRIAGE	DSE	DSE					
		•										
		•										
		•										
		•										
<b>7</b> Computation of the Syndicated	,	"Yes," comple	te blocks B and C, ocks B and C blanl	k and complete	part 8 of the DSE sched							
Exclusivity												
Surcharge	Is any portion of the or	cable system w	ithin a top 100 majo	or television marl	ket as defned by section	76.5 of FCC rules in effe	ct June 24, 1981?					
	Yes—Complete	blocks B and	С.		X No—Proceed to	o part 8						
						•						
	BLOCK B: C	arriage of VHF	/Grade B Contour	Stations	BLOC	K C: Computation of Ex	empt DSEs					
	Is any station listed in commercial VHF stati or in part, over the ca	block B of pai ion that places	rt 6 the primary str	eam of a	Was any station listed	d in block B of part 7 ca ble system prior to Marc	rried in any commu-					
	Yes—List each s	tation below with	n its appropriate peri	mitted DSE	Yes—List each s	station below with its appro	priate permitted DSE					
	X No—Enter zero a	and proceed to p	part 8.		X No—Enter zero a	and proceed to part 8.						
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE CALL	SIGN DSE					
		•										
		<b></b>										
		<b> </b>										
		<b> </b>										
						<u> </u>						
		<b> </b>										
		<del>-                                    </del>	TOTAL DOS	0.00			0.00					
			TOTAL DSEs	0.00		TOTAL	DSEs <b>0.00</b>					

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CHIPPEWA VALLEY CABLE, INC.  390		Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	4	7
Section 2			Computation
_	A. Enter the total DSEs from block B of part 7		of the Syndicated
	B. Enter the total number of exempt DSEs from block C of part 7	00	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	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 DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge.	0	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule.   No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			YSTEM ID#								
	(	CHIPPEWA VALLEY CABLE, INC.	3909								
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.  D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here.  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.									
		Syndrouted Exclusivity Curonalige.									
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	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.  ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to the complete part of the com									
	DLOCK A. CARRIAGE OF DARTIALLY DISTANT STATIONS										
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?										
	Yes—Complete part 9 of this schedule.  No—Complete the following sections.										
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	Section										
	1	Enter the amount of gross receipts from space K (page 7)									
	Section 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 <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1).  B. Enter 0.00701 of gross receipts (the amount in section 1).  C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here.  D. Multiply line B by line C and enter here.  E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	_								
		Base Rate Fee									

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CHIPI	PEWA VALLEY CABLE, INC.	3909	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	in the figure in section 2 is more than 4.000, compute your base rate fee field and leave section 3 blank.		8
	A. Enter 0.01064 of gross receipts		0
	(the amount in section 1) <b>\$</b>	_	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		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 <b>\$</b>		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00	
	Dase Nate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe	•	
Space		i iiile-ups iii	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation
•	on, you must:	avantage 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	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	art 7. vou must	for Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be		Distant
-	cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant state.	ion vou	Permitted
•	to that community.	ion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant.	Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.	at a cable	
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:		
	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all 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 ir f this schedule; or,	ı 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 b 6 of this schedule.	lock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the	oreceding	
page. DSEs f	n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the property) or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form.	at is, the total	

# LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 3909 CHIPPEWA VALLEY CABLE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						5	3909
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP	
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	
COMMUNITY/ AREA	PIERCI	COUNTY		COMMUNITY/ AREA BUFFALO, PEPIN, DUNN COUNTIE:			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WCCO	0.25	KARE	0.25
				KSTP	0.25		
		<b>-</b>					
	<u>"</u>	+					
		<b>-</b>					
		-					
otal DSEs	-		0.00	Total DSEs	•		0.75
iross Receipts First G	iroup	\$ 70	0,870.69	Gross Receipts Sec	ond Group	\$ 1,0	36,522.05
<b>ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	8,271.45
	TUIDD	SUBSCRIBER GRO	IID		EOLIDTU	SUBSCRIBER GRO	II ID
	THIND	30B3CRIBER GRO		COMMUNITY/ ARE		SUBSCRIBER GRO	0
OMMUNITY/ AREA 0				CONNONITY AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						<b>.</b>	
		+					
	<u></u>						
		-					
otal DSEs			0.00	Total DSEs			0.00
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group \$ 0.0		0.00		
Base Rate Fee Third O	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00
- So Take 1 de Time C		[*	0.00		Сточр	[*	0.00
Base Rate Fee: Add th	ne <b>hase r</b> a	te fees for each subs	criber aroun	as shown in the hove	s ahove		
nter here and in block			sibel group	as shown in the boxe.	Jabove.	\$	8,271.45

							3909	
В				TE FEES FOR EACH				
FIRST SUBSCRIBER GROUP						SUBSCRIBER GRO		9
COMMUNITY/ AREA	PIERCE	ECOUNTY		COMMUNITY/ AREA	BUFFAL	BUFFALO, PEPIN, DUNN COUNTIES		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
								Base Rate
								and
								Syndicat
								Exclusiv
								Surchar
								for
								Partiall
								Distan
								Station
	<u>"</u>		<b> </b>		<u> </u>			
						-		
	<u> </u>					h-h		
						<b>.</b>		
	_							
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	iroun	\$ 70	,870.69	Gross Receipts Secor	nd Group	\$ 1,0	36,522.05	
		<u> </u>	,					
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GRO	JP	
OMMUNITY/ AREA		0020011122110110	0	COMMUNITY/ AREA		002001112211 0110	0	
OMMONITY AREA				COMMUNITY AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>		<b> </b>		<b>"</b>	<del>   </del>		
						-		
otal DSEs			0.00	Total DSEs			0.00	
Total DSEs 0.00			Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group \$ 0.			0.00		
		1.	0.00	Base Rate Fee Fourth	Group	\$	0.00	
ase Rate Fee Third (	3roup	\$	0.00	Dase Nate i ee i ouiti	· Oloup	Ψ	<u> </u>	
ase Rate Fee Third C	Group	\$	0.00	Dase Nate Fee Fourt	Тогоцр	<u> </u>		
se Rate Fee Third (	Group 	[\$	0.00	Dase Nate Fee Found	- Стоир		0.00	
	ne <b>base rat</b>	te fees for each subsc		as shown in the boxes		\$	0.00	

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CHIPPEWA VALLEY CABLE, INC. 3909 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 9 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 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 commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated 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 **Exclusivity** Surcharge 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. for **Partially** 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 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 total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP 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 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 total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown