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

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
8/26/2020	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2020/1								
B	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 submit 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.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE	SYSTEM							
	Volunteer Wireless, LLC								
				06241420201					
				062414 2020/1					
	P.O. Box 670 McMinnville, TN 37111								
С	INSTRUCTIONS: In line 1, give any business or trade na names already appear in space B. In line 2, give the mai								
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 pa	age 1b. Identify only the frst com	munity served below and re	elist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First									
Community	Below is a sample for reporting communities if you rep	ort multiple channel line-ups in	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
	Alliance	MD	В	2					
	Gering	MD	В	3					
·			· · · · · · · · · · · · · · · · · · ·						

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 062414 Volunteer Wireless, LLC

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.

D Area Served

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number

	SUB GRP#	CH LINE UP	STATE	CITY OR TOWN
First	6	В	TN	/IcMinnville
Communit	8	С	TN	Altamont
	5	В	TN	Beech Grove
	8	С	TN	Beersheba Springs
	6	В	TN	Bethany
See instructions fo	4	В	TN	Bon Air
additional informa	7	В	TN	Bone Cave
on alphabetization	1	В	TN	Campaign
	4	В	TN	Cassville
	1	В	TN	Centertown
<b> </b>	2	С	TN	Coalmont
Add rows as neces	3	Α	TN	Crossville
	4	В	TN	)erossett
	1	В	TN	Dibrell
	4	В	TN	Ooyle
	2	С	TN	Gruetli-Laager
	1	В	TN	liawassee
	5	В	TN	lillsboro
	5	В	TN	<b>Nanchester</b>
	9	С	TN	<b>f</b> onteagle
	1	В	TN	<i>l</i> orrison
	4	В	TN	Quebeck
	2	С	TN	Palmer
	8	С	TN	Pelham
	4	В	TN	Ravenscroft
	1	В	TN	Rock Island
	1	В	TN	Smartt
	4	В	TN	parta
	7	В	TN	pencer
	2	С	TN	racy City
	6	В	TN	/iola
	4	В	TN	Valling

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	_		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Volunteer Wireless, LLC

SYSTEM ID# 062414

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				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	F	RATE
Residential:			Service to first set-Rate 2	1,969	\$	42.45
<ul> <li>Service to first set</li> </ul>	8,056	\$ 38.45	Roku-1	197	\$	18.95
<ul> <li>Service to additional set(s)</li> </ul>	2,910	\$ 4.95	Roku-2	30	\$	23.95
<ul> <li>FM radio (if separate rate)</li> </ul>			HD Box/DVR Box/HD/DVR Box	805	\$	4.95
Motel, hotel			HD Box/DVR Box/Whole Home D	2,169	\$	9.95
Commercial			HD Box & DVR	270	\$	11.95
Converter			HD Box & Whole Home DVR	881	\$	14.95
Residential						
Non-residential						
		1				

F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel		Cinemax	\$	9.95
• Pay cable—add'l channel		Commercial		НВО	\$	17.95
• Fire protection		• Pay cable		HBO/Cinemax	\$	25.95
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		HBO/Cinemax/Strz/Encr	\$	34.95
Installation: Residential		Fire protection		Showtime/Cinemax/HBO	\$	39.95
• First set		Burglar protection		Showtime/Flix/TMC	\$	13.95
Additional set(s)		Other services:		Starz/Encore	\$	11.95
• FM radio (if separate rate)		Reconnect	\$ 30.00	Starz/Encore/Showtime	\$	23.95
• Converter		Disconnect		HBO/Cmax/Showtime/		
		Outlet relocation	\$ 70.00	Starz/Encore	\$	49.95
		<ul> <li>Move to new address</li> </ul>	\$ 55.00	Variety Tier	\$	6.95
				Hispanic Tier	\$	4.95

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062414 Volunteer Wireless, LLC 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 € **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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A-Crossville 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WATE-DT 26 N-M Knoxville, TN WATE-HD 26.1 Ν Knoxville, TN See instructions for additional information WBIR-DT 10 N-M Knoxville, TN on alphabetization. **WBIR-HD** 10.1 Ν Knoxville, TN I-M WBXX-DT 20 Crossville, TN **WBXX-HD** 20.1 I Crossville, TN WCTE-DT 22 E-M Cookeville, TN WCTE-HD 22.1 Ε Cookeville, TN 17 WKOP-DT E-M Knoxville, TN WKOP-HD 17.1 Ε Knoxville, TN WTNZ-DT 34 I-M Knoxville, TN WTNZ-HD 34.1 Knoxville, TN ı WVLR-DT 48 I

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

WVLT-DT

**WVLT-HD** 

WVLT-DT2

30

30.1

30.2

N-M

Ν

I-M

Tazewell, TN

Knoxville, TN

Knoxville, TN

Knoxville, TN

Primary Transmitters:

Television

FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Volunteer Wireless, LLC 062414 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 substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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

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.

		CHANN	EL LINE-UP	B-Coffee, Warren, White & VanBuren Counties		
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	
WCTE-DT	22	E-M	Yes	0	Cookeville, TN	
WCTE-HD	22.1	E	Yes	E	Cookeville, TN	
WKRN-DT	27	N-M			Nashville, TN	
WKRN-HD	27.1	N			Nashville, TN	
WNAB-DT	23	I-M			Nashville, TN	
WNAB-HD	23.1	I			Nashville, TN	
WNPT-DT	8	E-M	Yes	0	Nashville, TN	
WNPT-HD	8.1	Е	Yes	Е	Nashville, TN	
WSMV-DT	10	N-M			Nashville, TN	
WSMV-HD	10.1	N			Nashville, TN	
WSMV-DT3	10.3	I-M			Nashville, TN	
WTVF-DT	5	N-M			Nashville, TN	
WTVF-HD	5.1	N			Nashville, TN	
WTVF-DT3	5.3	I-M			Nashville, TN	
WUXP-DT	21	I-M			Nashville, TN	
WUXP-HD	21.1	I			Nashville, TN	
WZTV-DT	15	I-M			Nashville, TN	
WZTV-HD	15.1	I			Nashville, TN	
WTVF-DT2	5.2	N-M			Nashville, TN	
WKRN-DT2	27.2	I-M			Nashville, TN	
WKRN-DT3	27.3	I-M			Nashville, TN	
WKRN-DT4	27.4	I-M			Nashville, TN	
WSMV-DT2	10.2	I-M			Nashville, TN	
WJFB	44	I			Nashville, TN	

ACCOUNTING PERIOD: 2020/1 FORM SA3E, PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CARLE SYSTEM: Name 062414 Volunteer Wireless, LLC 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 unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section 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 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 prograr Television pasis under specific FCC rules, regulations, or authorizations Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identif each multicast stream associated with a station according to its over-the-air designation. For example, report mult cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for exampl WETA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i ts community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-N (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 experience of the station is outside the local service area, (i.e. "distant"), enter "Yes". planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syste 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 subje of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the design: tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by th FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identife Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP C-Grundy & Marion Counties 2 B'CAST 3. TYPE 5 BASIS OF 1 DISTANT? 6. LOCATION OF STATION 1. CALL CHANNEL CARRIAGE SIGN (Yes or No) NUMBER (If Distant) STATION WCTE-DT\*\* 22 E-M 0 Cookeville, TN Yes WCTE-HD\*\* 22.1 Е Yes Ε Cookeville, TN WNAB-DT\*\*\* 23 I-M 0 Yes Nashville, TN WNAB-HD\*\*\* 23.1 Yes Е Nashville, TN WNPT-DT\*\* 8 E-M Yes 0 Nashville, TN WNPT-HD\*\* Nashville, TN 8.1 Ε Yes Ε N-M WSMV-DT\* 10 Yes 0 Nashville, TN 10.1 Yes Nashville, TN WSMV-HD\* Ν Е WSMV-DT3\* 10.3 I-M Yes 0 Nashville, TN WTVF-DT\* 5 N-M Yes 0 Nashville, TN WTVF-HD\* 5.1 Ν Yes Ε Nashville, TN I-M WUXP-DT\*\* 21 Yes 0 Nashville, TN

WRCB 13 N Chattanooga, TN **WRCB-HD** 13.1 Ν Chattanooga, TN WTVC-DT 9 N Chattanooga, TN WTVC-HD 9.1 N-M Chattanooga, TN WTVC-DT2 9.2 I-M Chattanooga, TN 9.3 I-M Chattanooga, TN WTVC-HD2 WTVF-DT3\* 5.3 I-M Yes 0 Nashville, TN WTVF-DT2\* 5.2 N-M Yes 0 Nashville, TN

Yes

Yes

\*DISTANT IN MARION COUNTY ONLY

WUXP-HD\*\*

WDEF-DT

WDEF-HD

WDEF-DT2

WDEF-DT3

WDEF-DT4

WSMV-DT2\*

10.2

21.1

12

12.1

12.2

12.3

12.4

Ν

Ν

N-M

N-M

I-M

I-M

Nashville, TN

Chattanooga, TN

Chattanooga, TN

Chattanooga, TN

Chattanooga, TN

Chattanooga, TN

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

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<sup>\*\*\*</sup> DISTANT IN GRUNDY COUNTY ONLY

Nashville, TN **DISTANT IN GRUNDY & MARION COUNTIES** 

**ACCOUNTING PERIOD: 2020/1** FORM SA3E. PAGE 4. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062414 Volunteer Wireless, LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION WAKI AM McMinnville, TN

TOTAL OAGE. TAGE 0.						Accounting	1 EMOD: 2020/1
Volunteer Wireless, LL		EM:			S	062414	Name
SUBSTITUTE CARRIAGI	E: SPECIA	I STATEME	NT AND PROGRAM I O				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ify every nor	nnetwork televiseriod, under spe	sion program broadcast by a ecific present and former FC	a distant statio CC rules, regu	lations, or authorizations.	For a further	<b> </b> Substitute
1. SPECIAL STATEMEN	CONCER	NING SURSI	TITLITE CAPPIAGE				Carriage:
During the accounting per				is. anv nonn	etwork television prograr	n	Special
broadcast by a distant sta	-			·, -··· <b>,</b> ···-···		XNo	Statement and Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	nust complete the progra	m	0 0
log in block 2.							
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, of tion. Do no Lucy" or "NEn was broad sign of the sadcast statice and and day we "5/7." es when the Example: a er "R" if the and regulativogramming	am on a separa attach addition nnetwork televion and that your authorization it use general is a Basketball: deast live, entestation broadca on's location (thous, if any, the when your system is a program carrons in effect distation of the program carrons in effect distation and the program carrons in effect distance in the second in the program carrons in effect distance in the second in th	al pages. rision program (substitute pour cable system substitute is. See page (vi) of the gercategories like "movies", o 76ers vs. Bulls." or "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the stem carried the substitute or gram was carried by your lied by a system from 6:01:	orogram) that ed for the pro neral instructi r "basketball"  No." am. station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	t, during the accounting gramming of another state ons located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the more numerals, with the more 28:30 p.m. should be your system was require etter "P" if the listed pro	tion nth ly	
9	I IBSTITI IT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	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 FROM — TO	FOR DELETION	
					_		
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					<u> </u>		
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ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

									OVOTEN ID#
Name	Volunteer W								SYSTEM ID# 062414
		-							
<b>J</b> Part-Time Carriage Log	Icolumn 5 of snace (i								
			DAT	ES AND HO	URS OF	PART-TIME CAF	RRIAGE		
	CALL CION	WHEN	N CARRIAGE OC	CURRED		OALL CION	WHEI	N CARRIAGE OCC	URRED
	CALL SIGN	DATE		URS		CALL SIGN	DATE	HOL	
		DATE	FROM	TO	<u>'</u>		DATE	FROM	ТО
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	SA3E. PAGE 7.	0)/07514 ID#						
	L NAME OF OWNER OF CABLE SYSTEM: unteer Wireless, LLC	SYSTEM ID# 062414	Name					
Inst all a (as i page	OSS 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 secondentified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission service	<b>K</b> Gross 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.  If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of								
▶ If pa 3 be ▶ If pa	k 3 below.  rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be a low.  rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.							
Block	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064							
	Enter the result here. This is your minimum fee.	\$ 25,375.47						
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 colun "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule.  No—Leave block 3 below blank and control of the column stations.	nn 4, you must check od?						
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 13,083.34						
	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	\$ 13,083.34						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	\$ 25,375.47 0.00	Cable systems submitting additional					
	zero.  Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact					
	Line 4. FILING FEE	\$ 725.00	additional fees.  Division for the					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 26,100.47	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 page (i) of the						

ACCOUNTING PERIOD: 2020/1

FORM SA3E. PAGE 8.

Nissana	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Volunteer Wireless, LLC	062414								
	CHANNELS									
М	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	nannels									
	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	system carried television broadcast stations									
	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 Amelia Mooneyham Telephone 931-815-1536	<u>.</u>								
Information	Name Amelia Mooneyham Telephone 931-815-1536	,								
	DO Box 670									
	Address P.O. Box 670 (Number, street, rural route, apartment, or suite number)									
	McMinnville, TN 37111									
	(City, town, state, zip)									
	Email Fax (optional)									
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
0										
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 identified in line 1 of space B; or									
	Combination of the state of the									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified	d								
	in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable sys	stem								
	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)]									
	[10 0.3.0., Geoloii 1001(1300)]									
	/s/ Lisa Cope									
	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 "E2"								
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	uio I Z								
	Turned an aristated asserts. Line Comp.									
	Typed or printed name: Lisa Cope									
	Title: <b>President</b>									
	(Title of official position held in corporation or partnership)									
	Date: August 26, 2020									

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

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statillar thome 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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  None Maing Address.  Name Maing Address.  Name Maing Address.  Name Maing Address.  Name Maing Address.  Line 1 Enter the amount of late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  Line 2 Multiply line 1 by the interest rate* and enter the sum here  Line 3 Multiply line 2 by the number of days late and enter the sum here  x days  Line 4 Multiply line 3 by 0.00274* enter here and on line 3, block 4.  space L, (page 7).  To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707–8150 or licensing@fice.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 cowing a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.  Formal period and the capital statement of accountal already submitted to the Copyright Office.	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name				
The Satellite Home Viewer Act of 1988 amended Tile 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."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?    Name	Volunteer Wireless, LLC	062414	Name				
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	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 sub-						
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.  Line 1 Enter the amount of late payment or underpayment.  Line 2 Multiphy line 1 by the interest rate* and enter the sum here.  Line 3 Multiphy line 2 by the number of days late and enter the sum here.  x 0.00274  Line 4 Multiphy line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7).  * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  * 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.  * 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 Office, 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	paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for second		•				
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.  Line 1 Enter the amount of late payment or underpayment.  Line 2 Multiply line 1 by the interest rate* and enter the sum here.  x days  Line 3 Multiply line 2 by the number of days late and enter the sum here.  - (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	X NO						
Mailing Address    Mailing Address   Mailing Address	YES. Enter the total here and list the satellite carrier(s) below						
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.  Line 1 Enter the amount of late payment or underpayment    X							
For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  Line 1 Enter the amount of late payment or underpayment	INTEREST ASSESSMENTS						
Line 2 Multiply line 1 by the interest rate* and enter the sum here	. , , , , , , , , , , , , , , , , , , ,	. ,	Q				
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	x					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	Line 2 Multiply line 1 by the interest rate* and enter the sum here	- x days					
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	Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274					
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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		-					
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							
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	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
Address  First community served Accounting period	please list below the owner, address, first community served, accounting period, and ID number a						
Accounting period							

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## INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

0.330% of gross receipts

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

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

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

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

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

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

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

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

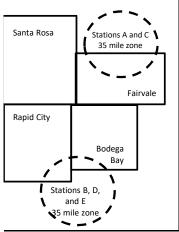
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE:**

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

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



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

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

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

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

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:			S	YSTEM ID#
	Volunteer Wireless, LL	С				062414
	SUM OF DSEs OF CATEGO  • Add the DSEs of each static Enter the sum here and in line	on.		<u></u>	6.25	
2	Instructions: In the column headed "Call of space G (page 3).	Sign": list the ca	ll signs of all distant station	ns identified by th	e letter "O" in column 5	
Computation of DSEs for	In the column headed "DSE mercial educational station, g		25."		ach network or noncom-	
Category "O"	0411 01011		CATEGORY "O" STATIC		0.411.010.41	DOE
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WCTE-DT	0.250				
	WNAB-DT	1.000				
	WNPT-DT	0.250				
	WUXP-DT	1.000				
Add rows as	WSMV-DT	0.250				
	WSMV-DT3	1.000				
necessary. Remember to copy	WTVF-DT	0.250				
all formula into new	WTVF-DT3	1.000				
rows.	WTVF-DT2	0.250				
TOWS.	WSMV-DT2	1.000				
				<u> </u>		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Volunteer Wireless, LLC 062414 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Computation Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must **Stations** be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Carried Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 5. TYPE 1 CALL 2. NUMBER 3. NUMBER 4 BASIS OF 6. DSE OF HOURS SIGN OF HOURS **CARRIAGE VALUE CARRIED BY STATION VALUE** SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: 4 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regular-tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-**Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4 DSF OF DAYS SIGN SIGN OF OF DAYS **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, ...... 0.00 TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 1. Number of DSEs from part 2 ● 6.25 **Total Number** of DSEs 2. Number of DSEs from part 3 ● 0.00 0.00 3. Number of DSEs from part 4 • TOTAL NUMBER OF DSEs 6.25

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

LEGAL NAME OF O Volunteer Wire		SYSTEM:					S	YSTEM ID# 062414	Name
Instructions: Bloc In block A: • If your answer if " schedule.	·		eart 6 and part 7	of the DSE sched	ule blank and	complete part	8, (page 16) of the	e	6
<ul> <li>If your answer if "</li> </ul>	No," complete blo	cks B and C			10//550				Computation o
				ELEVISION MA					Computation o 3.75 Fee
effect on June 24, Yes—Com	1981? plete part 8 of the	schedule—[	•	er markets as defir LETE THE REMAI			CC rules and regul	ations in	
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation e DSE Sche	ons prior to Jundule. (Note: The	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below ref Act of 2010.)	ther explanation	on of permitted	d stations, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous control of the con	les and regued pursuant les and sediment as defined al education (76. r DSE schedunt to individually carried HF station with the station with	lations cited be to the FCC mard in 76.5(kk) (76 al station [76.59 65) (see paragrible). Let waiver of FC ad on a part-timyithin grade-B co	e or substitute basi ontour, [76.59(d)(5	e in effect on a .57, 76.59(b), .0(1), 76.63(a) referring the stitution of gradis prior to June	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered states	6.63(a) referring to 61(e)(1) ations in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2 2. PERMITTED			rksheet on page 1	3. DSE	
SIGN	BASIS	0.05	SIGN	BASIS	0.25	SIGN	BASIS		
WCTE-DT WNAB-DT	C A	0.25 1.00	<b>• • •</b> • • • • • • • • • • • • • • • •	A M	0.25 0.25				
WNPT-DT	C	0.25			1.00				
WUXP-DT	Ā	1.00	•••		1.00				
WSMV-DT	A	0.25			1.00				
WSMV-DT2	M	1.00							
			11	•				6.25	
				MDUTATION OF	2 75 555			0.23	
Line 1: Enter the	total number of			MPUTATION OF	3.73 FEE				
ine 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve			,		
				of DSEs subject 7 of this schedule		ate.			
ine 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply li	ne 4 by 0.0375 a	ınd enter sı	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	s from line	3						carriage? If yes, see part 9 instructions.
₋ine 7: Multiply li	ne 6 by line 5 an	d enter her	e and on line	2, block 3, space	L (page 7)			0.00	

ACCOUNTING PERIOD: 2020/1

	LEGAL NAME OF OWN	NER OF CABLE	SYSTEM:						S	YSTEM ID#
Name	Volunteer Wire	less, LLC								062414
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fr A—Part-time sp 76.59 B—Late-night pr 76.61 S—Substitute ca gener Column 5: Indicate Column 6: Compar	or to June 25, call sign for eather DSE for the accounting the basis of a CC rules and ecialty programing: (d)(1),76.61(e) (e)(3)). arriage under ral instructions the station's let the DSE figs B, column 3 information you	1981, under forme ach distant station in station for a sin g period and year arriage on which the regulations cited be mining: Carriage, celeta, or 76.63 (refe Carriage under FCC certain FCC rules, is in the paper SA3 DSE for the currentures listed in column of part 6 for this state guide in columns.	r FCC rules govidentifed by the gle accounting pin which the carne station was callow pertain to ton a part-time barring to 76.61(e). C rules, sections regulations, or a form.  accounting perins 2 and 5 and ation.  2, 3, and 4 mus	rernirire letter	ntifed by the letter "F" ing part-time and sub- r "F" in column 2 of part of p	stitute carri part 6 of the n January 1 (e.g., 1981) e following i, 1981.) iming unde , or 76.63 ( r explanation 2, 3, and 4 of figures he	age.) DSE schedule., 1978 and June (1). letters: r FCC rules, sec referring to on, see page (vi of this schedule. This figure s	e 30, 19 ctions ) of the e. hould b	981. ne entered
			J							
		PERMITT	ED DSE FOR STA	TIONS CARRIE	D O	N A PART-TIME AN	D SUBSTI	TUTE BASIS		
	1. CALL	2. PRI		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED
	SIGN	DSE	P	ERIOD		CARRIAGE	[	OSE		DSE
<b>7</b> Computation of the		"Yes," comple	ete blocks B and C		part	8 of the DSE schedu	ule.			
Syndicated			BLOC	K A: MAJOR	TEL	EVISION MARKI	ET			
Exclusivity										
Surcharge	Is any portion of the or	cable system v	vithin a top 100 maj	or television marl	ket a	s defned by section 70	6.5 of FCC	rules in effect Ju	ne 24, 1	1981?
	Yes—Complete	blocks B and	IC.			No—Proceed to	part 8			
						· <b></b>				
	BLOCK B: C:	arriage of VHI	F/Grade B Contour	Stations		BI OCK	C: Compu	itation of Exemp	nt DSFs	<b>.</b>
					┨			<u> </u>		
	Is any station listed in	•			11	las any station listed ity served by the cab			,	
	commercial VHF stati or in part, over the ca	-	s a grade B contou	i, ili wilole		o former FCC rule 76.		onor to march 3	1, 1972	r (reiei
	l'	•	No. 14	:W1 DCE	11.0		,			# J DCE
			th its appropriate per	milled DSE		Yes—List each sta			е реппп	iled DSE
	X No—Enter zero a	ana proceea to	рап в.			X No—Enter zero ar	na proceea i	o part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	J.	DSE
	JALL OIGIN	DOL	JALL OIGH	DOL		SALE OIGH	DOL	OALL SIG	•	DOL
			-							
			TOTAL DSEs	0.00				TOTAL DSE	s	0.00

LEGAL NA	WE OF OWNER OF CABLE SYSTEM:  Volunteer Wireless, LLC  062414	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  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	
	<u></u>	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	-
Section 4a	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			TEM ID# 062414
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)	002414
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	Syndicated Exclusivity Surcharge.  Ctions:  Bust 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.  Bur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  Bur 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 station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local"	<u></u> l
	• Did y	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  rour 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  Enter the amount of gross receipts from space K (page 7).	
	Section 2 Section 3	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.).  If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1).  B. Enter 0.00701 of gross receipts (the amount in section 1).  C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here.  D. Multiply line B by line C and enter here.  E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00

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

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	CTEM ID#	
		STEM ID# 062414	Name
Volui	nteer Wireless, LLC	002414	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		0
	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) <b>&gt;</b>		
	B. Enter 0.00701 of gross receipts		Communication
	(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   \$ \bigset{\frac{1}{2}} \bigset{\frac{1}} \bigset{\frac{1}{2}} \bigset{\frac{1}{2}} \bigset{\frac{1}{2}} \bigset{\frac{1}{2}} \bigset{\frac{1}{2}} \bigset{\frac{1}{2}} \bigset{\frac{1}{2}} \bigset{\frac{1}{2}} \bigset{\frac{1}{2}}		
	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)	0.00	
	Base Rate Fee	0.00	
IMPOR	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas	et cianala	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple ch		0
ups in	Space G.		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 ad clusion, you must:	vantage of	of
uno ox	addist, you must		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine t		Cyndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for c		Exclusivity
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge for
must a	If any portion of your cable system is located within the top 100 television market and the station is not exempt in palso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and er, if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1	: For each community served, determine the local service area of each wholly distant and each partially distant static	on you	Stations
carried	to that community.		
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc the station's local service area. A subscriber located outside the local service area of a station is distant to that statine token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E 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.		
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste ber groups.	·m's	
	a section:		
• Identi	fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in of this schedule; or,	parts 2, 3,	
, -	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bl 6 of this schedule.	ock B,	
• Add tl	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 a paper SA3 form.	structions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need total calculations on the form.	t is, the total	

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062414 Volunteer Wireless, LLC 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 OWNER Volunteer Wireless		E SYSTEM:				S	YSTEM ID# 062414	Name
В		COMPUTATION OF SUBSCRIBER GROUP		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	P	
COMMUNITY/ AREA Rock Island		own, Morrison, Di	brell	COMMUNITY/ AREA		nt, GruetliLaager, y City	Palmer	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WUXP-DT	1.00			Base Rate Fee
				WNPT-DT	0.25			and
				WCTE-DT	0.25			Syndicated
						=		-
			 	WNAB-DT	1.00			Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
						_		
							<u> </u>	
							<u> </u>	
	<b></b>		ļ					
Total DSEs			0.00	Total DSEs			2.50	
Gross Receipts First Gr	oup	\$ 45,	778.75	Gross Receipts Secon	nd Group	\$ 14	46,273.10	
							Ī	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	3,094.41	
	THIRD	SUBSCRIBER GROU	)		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Crossv	ille		COMMUNITY/ AREA		<b>Doyle</b> c, Ravenscroft, Sparta, W	/alling	
		I		H			1	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WNPT-DT	0.25			
		-						
						_	1	
				• • • • • • • • • • • • • • • • • • • •				
						_		
Total DSEs			0.00	Total DSEs			0.25	
							-	
Total DSEs Gross Receipts Third G	roup	s 104,	0.00	Total DSEs Gross Receipts Fourt	n Group	\$ 55	0.25	
		s 104,			·	\$ 5:	-	
Gross Receipts Third G	roup e <b>base rat</b>	\$ e fees for each subscri	0.00	Gross Receipts Fourti	h Group	\$	53,437.35	

DIBER GROUP DIA, Bethany Computation	BER GROUP SUBSCRIBER GROUP				E STSTEW.	R OF CABLE	Volunteer Wireless
DIA, Bethany  Computation  SIGN  DSE  Base Rate F  and	SUBSCRIBER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A:	Bl
SIGN DSE of Base Rate F	COBCOTTIBLIT CITOOT	SIXTH S		Р	SUBSCRIBER GROU	FIFTH	
SIGN DSE of Base Rate F	ville, Viola, Bethan	McMinnv	COMMUNITY/ AREA		ro, Beech Grove	Hillsbor Manche	COMMUNITY/ AREA
Base Rate F and	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and	O/ LEE OIGIV	DOL	O/ LE OIOIV	DOL	O/ LE OIOIV	0.25	WCTE-DT
						0.20	WOIL-DI
<u></u>							
Exclusivit	-						
Surcharge	-	-					
for							
Partially							
Distant	=	_					
Stations							
		<u> </u>					
0.00	l		Total DSEs	0.25			Total DSEs
887,656.70	\$ 88	l Group	Gross Receipts Second	621.85	<b>\$</b> 147,	oup	Gross Receipts First Gro
		-					
0.00	\$	d Group	Base Rate Fee Second	392.67	\$	oup	Base Rate Fee First Gro
IBER GROUP	SUBSCRIBER GROUP	EIGHTH S		Р	SUBSCRIBER GROU	EVENTH	S
sheba, Pelham	t, Beersheba, Pelh	Altamont	COMMUNITY/ AREA		r, Bone Cave	Spence	COMMUNITY/ AREA
SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		0.25	WNPT-DT			0.25	WNPT-DT
		1.00	WNAB-DT				
		1.00	WUXP-DT				
	=	0.25	WCTE-DT				
		_					
	-						
	= 0.000.000.000.000.000.000.000.000.000.						
		<b>!</b>					
				i			
		-					
2.50			Total DSEs	0.25			Total DSEs
2.50			Total DSEs	0.25_			
2.50 361,839.95	s 36	Group	Total DSEs Gross Receipts Fourth	0.25 829.55	\$ 134,	roup	Total DSEs Gross Receipts Third Gr

LEGAL NAME OF OWNE Volunteer Wireles		E SYSTEM:					062414	Nam
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	NINTH	SUBSCRIBER GRO	UP		TENTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Montea	gle		COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WCTE-DT	0.25							Base Rate
WNPT-DT	0.25							and
WSMV-DT	0.25							Syndicat
WSMV-DT2	1.00					<b>-</b>		Exclusivi
WTVF-DT	0.25							Surcharg
WUXP-DT	1.00							for
						_		
WSMV-DT3	1.00							Partially
WTVF-DT2	0.25							Distant
WTVF-DT3	1.00							Stations
		•						
Fatal DCFa			E 25	Total DCC-		П	0.00	
Total DSEs			5.25	Total DSEs				
Gross Receipts First G	roup	\$	3,093.85	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	110.74	Base Rate Fee Seco	ond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<b>\</b>		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 C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	- Froun	e	0.00	Base Rate Fee Four	th Group	\$	0.00	
I I I I I I I I I I I I I I I I I	up	[Ψ	0.00	Jaco Rato i Ge i Oui	Стоир	4	0.00	
Book Both Foot Add th	o <b>haas rat</b> e	e fees for each subso						

LEGAL NAME OF OWNE Volunteer Wireles		E SYSTEM:	•			SY	STEM ID# 062414	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROUP		^
COMMUNITY/ AREA	Center	own, Morrison, D	ibrell	COMMUNITY/ AREA	Coalmoi	nt, GruetliLaager, Palmer		9 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
								Stations
		L						
		+						
		Harrison (1997)						
		•			•			
					•			
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 45,	778.75	Gross Receipts Second	d Group	<u>\$ 14</u>	6,273.10	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA	Crossv							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•			
		H						
		H						
		<del>-</del>			•			
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	Group	\$ 104	381.85	Gross Receipts Fourth	Group	\$ 55	3,437.35	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			iber group a	 as shown in the boxes ab	oove.			
Enter here and in block			- *			\$	0.00	

LEGAL NAME OF OWNE Volunteer Wireles		E SYSTEM:					062414	Name
E				TE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROU	JP	COMMUNITY/ADEA		SUBSCRIBER GROU		9
COMMUNITY/ AREA	Manche	ro, Beech Grove		COMMUNITY/ AREA	IVICIVIIIII	ville, viola, betila	iiiy	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate Exclusivit
								Surcharg
						-		for
		-						Partially
						-		Distant
		-				_		Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
					d Croup	\$ 8	87,656.70	
Gross Receipts First G	roup	\$ 147	,621.85	Gross Receipts Second	u Group	<u> </u>	107,030.70	
Gross Receipts First G	roup	<u>\$ 147</u>	,621.85	Gross Receipts Second	и Слоир	<u> </u>	007,030.70	
	·	\$ 147 \$	0.00	Base Rate Fee Second	d Group	\$	0.00	
Base Rate Fee First G	roup	\$ SUBSCRIBER GROU	0.00	Base Rate Fee Second	d Group EIGHTH	\$ SUBSCRIBER GROU	<b>0.00</b>	
Base Rate Fee First G	roup	\$	0.00		d Group EIGHTH	\$ SUBSCRIBER GROU	<b>0.00</b>	
<b>3ase Rate Fee</b> First G	roup	\$ SUBSCRIBER GROU	0.00	Base Rate Fee Second	d Group EIGHTH	\$ SUBSCRIBER GROU	<b>0.00</b>	
Base Rate Fee First G	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
Base Rate Fee First G	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
Base Rate Fee First G	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
Base Rate Fee First G	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
Base Rate Fee First G	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
Base Rate Fee First G	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
Base Rate Fee First G	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
Base Rate Fee First G	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
Base Rate Fee First G	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
COMMUNITY/ AREA	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
Base Rate Fee First G	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
Base Rate Fee First G	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
COMMUNITY/ AREA	roup SEVENTH Spence	\$ SUBSCRIBER GROUM  r, Bone Cave	0.00	Base Rate Fee Second COMMUNITY/ AREA	d Group  EIGHTH  Altamon	\$ SUBSCRIBER GROUNT, Beersheba, Pe	0.00	
Base Rate Fee First G	SEVENTH Spence DSE	SUBSCRIBER GROUP, Bone Cave  CALL SIGN	DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	BIGHTH Altamon	SUBSCRIBER GROUNT, Beersheba, Pel	JP Iham DSE	

**Nonpermitted 3.75 Stations** 

Name	YSTEM ID# 062414	<u>.</u>					s, LLC	Volunteer Wireles
				TE FEES FOR EACH				В
9	P <b>0</b>	SUBSCRIBER GROU	TENTH	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Montea	COMMUNITY/ AREA
Computa								
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and							···	
Syndicat								
Exclusiv								
Surchar for								
Partiall						_		
Distan								
Station								
						-	<u></u>	
	0.00			Total DSEs	0.00	H		otal DSEs
	0.00	\$	l Group	Gross Receipts Secon	,093.85	\$ 3	oup	Bross Receipts First Gr
	0.00	\$	l Group	Gross Receipts Secon	,093.85	\$ 3	oup	Gross Receipts First Gr
	0.00	\$		Gross Receipts Secon  Base Rate Fee Secon	0.00	\$ 3 \$		·
	0.00		l Group	Base Rate Fee Secon	<b>0.00</b>		oup	dase Rate Fee First Gr
	0.00	\$	l Group		0.00	\$	oup	iase Rate Fee First Gr
	0.00	\$	l Group	Base Rate Fee Secon	<b>0.00</b>	\$	oup	iase Rate Fee First Gr
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ease Rate Fee First Gr E
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ease Rate Fee First Gr ECOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	Base Rate Fee First Gr E
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	Base Rate Fee First Gr E COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	Base Rate Fee First Gr E COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	Base Rate Fee First Gr E COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	Base Rate Fee First Gr E COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	Base Rate Fee First Gr E COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	Base Rate Fee First Gr E COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	Base Rate Fee First Gr E COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Secon	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	Base Rate Fee First Gr E COMMUNITY/ AREA
	0.00  DSE	\$ SUBSCRIBER GROU	I Group  TWELVTH  DSE	COMMUNITY/ AREA  CALL SIGN	0.00  JP  O  DSE	\$ SUBSCRIBER GROU	DSE	ECOMMUNITY/ AREA