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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/25/2020	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2020/1			
Period				
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	ess of the cable system on the last day of the counting perion	em the accounting period should s	
	Mid-Plains Telephone, LLC			
				6343720201
				63437 2020/1
	525 Junction Rd			
	Madison, WI 53717-2152			
0	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syste	em unless these
С	names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	TDS Telecom, Inc.			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comp	nunity served below and rel	ist on nage 1h
_		only the list com	numity served below and ref	ist on page 1b
Area Served	with all communities. CITY OR TOWN	STATE		
First	Middleton	WI		
Community	Below is a sample for reporting communities if you report multiple cha		nace G	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Comple	Alda	MD	Α	1
Sample	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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Mid-Plains Telephone, LLC			63437	
Instructions: List each separate community served by the cable system. A "community' in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	orated communition to the community that y	es within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should be	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9).	e column blank. İf	you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Middleton	WI	AA		First
Cross Plains	WI	AA		Community
				See instructions for
				additional information on alphabetization.
				Add rows as necessary.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mid-Plains Telephone, LLC

SYSTEM ID#

63437

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOC	K 2	
	NO. OF				NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:						
Service to first set	3,723	\$25/mo				
Service to additional set(s)						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	24	\$55.54/mo				
Converter						
Residential	3,723	\$8/Mo.				
Non-residential						
	I'''''	I	1 1""		1	T

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	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	14-19.99/mo	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$49.95		
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	\$0-\$49.95	Burglar protection			
Additional set(s)	\$0-\$49.95	Other services:			
• FM radio (if separate rate)		Reconnect	\$0-\$25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

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

	INSTR	HCTIONS-	İ
B Owner	Give corpo In line If ther	ucrons: the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full variet title of the subsidiary, not that of the parent corporation. 2. Iist any other names under which the owner conducts the business of the cable system. The were different owners during the accounting period, only the owner on the last day of the accounting period should submit ple statement of account and royally 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.	BARCODE DA'
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	6343720201
		Mid-Plains Telephone, LLC	
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
	_		1
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	
		525 Junction Rd	ĺ
		(Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717-2152	1
		(City, town, state, zip)	ĺ
			ĺ
	l	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	1
С	names	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System		IDENTIFICATION OF CABLE SYSTEM:	1
-	1	TDS Telecom, Inc.	
		MAILING ADDRESS OF CABLE SYSTEM:	1
	2	(Number, street, rura route, spantment, or suite number)	
		(City, town, state, zip code)	

CATEGORY OF SERVICE SUBSCRIBES Read-amministration rarries short in fast et - Service to fast et - Service to fast et - Service to additional et(s) - Fin ratio (if separate rate) Motel, hotel Correcter - Read-amministration re		BLO	CK 1		•		
Recording Model, hotel Converter - Principle and Facility Services by Interesting Model, hotel Converter - Projection of Note Head Services and Converter - Projection of Note Head Services - Projection of	E	520			Ī		
Transmission of Service is additional sets) services and sideral sets of Service is additional sets of Service is additional sets of Service in additional sets of Service in additional sets of Service in additional sets of Service in American Services of Service of Se		CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Services and Season of Part and of grapate rate) F	Secondary	Residential:					
Filt ratio (if reported rate) Security		Service to first set	3,723	\$25/mo			
Mote, hotel Converter - Residential - Non-residential - Phy calcula - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary - Phy calcula - Secondary -							
Commercial Converter - Residential - Non-residential - Pay cable - Pay c							
Fesidential 1. ACTEGORY OF SERVICE Continuing Services: 1-Pay cable	Rates						
Fesidential 1. ACTEGORY OF SERVICE Continuing Services: 1-Pay cable			24	\$55.54/mo			
**Non-residential **BLOCK 1 CATEGORY OF SERVICE BATE CATEGORY OF SERVICE RATE OATEGORY OF SERVICE SATE CATEGORY OF SERVICE RATE Object Than Services Stat-19.99/mo Model, hotel -Pay cable Stat-19.99/mo Model -Pay cable Stat-19.99/mo -Pay cable							
BLOCK 1 Services Continuing Services: 1-Psy cable State-add channels 1-Psy cable - State-add channels 1-Psy cable - State-add channel 1-Psy cable-add channel 1-Psy cabl			3,723	\$8/Mo.			
CATECORY OF SERVICE RATE CATECORY OF SERVICE CATE		Non-residential					
CATECORY OF SERVICE RATE CATECORY OF SERVICE CATE							7
Instructions Society		CATEGORY OF SERVICE			SERVICE	RATE	-
Services Other Than Secondary Pagr cable—add channel - Fip protection - Fip protection - Fip protection - Fip protection - Fip protection - Fip protection - First set - Additional set(s) - First set - Additional set(s) - First set - Comments - First set - Additional set(s) - First set - Converter Channels Channels Channels Channels Channels Channels Channels Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. Channels Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services N Individual to a contact delevision broadcast stations On which the cable system carried television broadcast stations and nonbroadcast services N Individual to a contact about this statement of account. Name Stephanie Weber Telephone (608) 664-4721 (Kumber, street, rural route, apartment, or suite number) Madison, Wi, 53717-2152 (City, town, state, 2p) Email (optional) First red Assistant Treasurer (Fitte of initical position had in copporation or partnership)	F						
Secondary Rates -Pay cable—add channel -Prop cable -Burglar protection -Burglar protection -Burglar protection -Burglar protection -Burglar protection -Additional set(s) -Print ratio (if separate rate) -Print ratio (if se			\$14-19.99/mo				
Pay cable-add I channel	Services				Commercial	\$0 - \$49.95	
Pay cable-add I channel	Other Than			1	Pay cable		1
ransmissions: Realisation: Realisations: Realisations: Realisations: Realisations: Realisations: Realisations: Realisations: Print set \$0.549.35 Sp.549.35 Other services: Placonnect \$0.549.35							
Additional set(s) -PM ratio (if separate rate) -Converter Converter Convert	ransmissions:			1			
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CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 380 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to be Contacted for Further Information Name Stephanie Weber Telephone Address 525 Junction Rd (Number, street, rural route, spartment, or suite number) Madison, WI 53717-2152 (City, rown, state, zp) Email (optional) Finance@tdstelecom.com Fax (optional) Typed or printed and signed in accordance with Copyright Office regulations, signature by typing "sa" followed by your name in the signature box in Space O of tab "page 8, space M-O". Typed or printed name: Sharon V. Tisdale Title: Assistant Treasurer (Title of official position hed in corporation or partnership)		Converter					,
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Number, street, rural route, apartment, or sulte number) Madison, WI 53717-2152 City, town, state, zip) Email (optional) Finance@tdstelecom.com Fax (optional)	Channels N Individual to	Instructions: You must give (1) to its subscribers and (2) the cat 1. Enter the total number of char system carried television broad 2. Enter the total number of active on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT	ole system's total namels on which the deast stations vated channels ried television broader.	cableadcast stations	ited channels, during the a	counting period.	20
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O Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O". Typed or printed name: Sharon V. Tisdale Title: Assistant Treasurer (Title of official position held in corporation or partnership)	N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cat 1. Enter the total number of char system carried television broad 2. Enter the total number of active on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this staten Name	nnels on which the deast stations	cable cable deast stations NFORMATION eber Rd ber, street, rural 1 53717-2152	IS NEEDED (Identify an in	ndividual Telephone	380
Title: Assistant Treasurer (Title of official position held in corporation or partnership)	N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cat 1. Enter the total number of char system carried television broad 2. Enter the total number of action which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this staten Name Address	ole system's total namels on which the deast stations	cable adcast stations NFORMATION Rd Rd ber, street, rural in 53717-2152 53717-2152 50wn, state, zip)	IS NEEDED (Identify an ir	ndividual Telephone	380
(Title of official position held in corporation or partnership)	N Individual to 38 Contacted for Further Information	Instructions: You must give (1) to its subscribers and (2) the cat 1. Enter the total number of char system carried television broad 2. Enter the total number of active on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this staten Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	nnels on which the cast stations	cable cable dcast stations NFORMATION ber, street, rural to state to st	IS NEEDED (Identify an ir oute, apartment, or suite num	ndividual Telephone Der) Fax (optional) Copyright Office regu.	20 380 (608) 664-4721
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	N Individual to 38 Contacted for Further Information	Instructions: You must give (1) to its subscribers and (2) the cat 1. Enter the total number of char system carried television broad 2. Enter the total number of active on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this staten Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	nnels on which the cast stations	cable cable dcast stations NFORMATION Rd Rd S3717-2152 town, state, zip) stelecom.co e certifed and s an electronic "s signature box Typed or prir	IS NEEDED (Identify an in oute, apartment, or suite num igned in accordance with Cs/s' signature (e.g., /s/Johr in Space O of tab "page 8, sted name: Sharor	Telephone Fax (optional) Copyright Office regulation of the space M-O".	380 (608) 664-4721 Ilations.) get to enter an electronic
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U.S. Copyright Office

OK

Subgroup Gross Receipts Total

\$ -

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

2. B'cast	3 Type of			Space G Basis of
			DSE	Carriage
27.1	N	Madison, WI	0.250	Ü
27.2	N-M	Madison, WI	0.250	
27.3	N-M	Madison, WI	0.250	
27.4	N-M	Madison, WI	0.250	
27.5	N-M	Madison, WI	0.250	
3.1	N	Madison, WI	0.250	
3.2	N-M	Madison, WI	0.250	
47.1	N	Madison, WI	0.250	
47.2	N-M	Madison, WI	0.250	
47.3	N-M	Madison, WI	0.250	
47.4	N-M	Madison, WI	0.250	
15.1	N	·	0.250	
		·	0.250	
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		•		
	E-M			
57.1	I	Janesville, WI		
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			, #N/A	
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	2. B'cast					Space G
	Channel	3. Type of				Basis of
1. Call Sign	Number	Station	6. Location of Station	n	DSE	Carriage
					#N/A	
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					#N/A	
					#N/A	
					#N/A	

ACCOUNTING PERIOD: 2020/1

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 20201 Mid-Plains Telephone, LLC Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

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FORM SA3E. PAGE 3.	UED OF OARL F O				SVSTEM ID#	il .
Mid-Plains Tele					SYSTEM ID# 63437	Nama
	•				03437	
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s basis under specifc FC Do not list the station station was carried List the station here,	G, identify ever system during titions in effect of 3.61(e)(2) and (sis, as explaine Stations: With CC rules, regulanter in space only on a subsand also in spa	y television state accounting in June 24, 19 (4), or 76.63 (4), or 76.63 (5) or authors, o	g period, except 181, permitting the referring to 76.6 paragraph. y distant stations norizations: at it in space I (the ation was carried	(1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statem d both on a substi	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located	G Primary Transmitters: Television
in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable stream as the column as the c	orm. ch station's call associated wit A-2". Simulcast e channel num se. For example ystem carried tl	sign. Do not a streams must ber the FCC he, WRC is Che station.	report origination cording to its over the reported in one cordinate in the cordinate cordinate in the cordinate in the cordi	n program service er-the-air designa column 1 (list eac the television stat hington, D.C. This	es such as HBO, ESPN, etc. Identify attion. For example, report multi- h stream separately; for example attion for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h	y entering the lecast), "E" (for neese terms, see tation is outside ice area, see playe entered "Y	etter "N" (for n oncommercia page (v) of the the local ser age (v) of the es" in column	network), "N-M" (all educational), c e general instruc- vice area, (i.e. "c general instruct 4, you must con	for network multion "E-M" (for noncontions located in the distant"), enter "Yoions located in the mplete column 5,	es". If not, enter "No". For an ex-	
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carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th FCC. For Mexican or of Note: If you are utilizing 1. CALL SIGN WKOW WKOW-DT2 WKOW-DT3 WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WMSN-DT3 WMSN-DT4 WMTV-DT3 WMTV-DT3 WMTV-DT3 WMTV-DT3	tion on a part-tision of a distant tentered into o a primary trans simulcasts, also aree categories e location of ea Canadian stations multiple characteristics. 2. B'CAST CHANNEL NUMBER 27.1 27.2 27.3 27.4 27.5 3.1 3.2 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4	t multicast strandr or before Justin or before Justin or before Justin or an allo enter "E". If it, see page (vich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	eam that is not sune 30, 2009, be successful to the summer of the general for U.S. stations, the the name of the use a separate of U.S. Stations, the the name of the use a separate of U.S. Stations, the the name of the use a separate of U.S. Stations, the the name of the use a separate of U.S. Stations, the the name of the use a separate of U.S. Stations, the the name of the use a separate of U.S. Stations, the name of the use a separate of U.S. Stations, the name of the use a separate of U.S. Stations, the name of the use of U.S. Stations, the name of U.S. Stations, the name of U.S. Stations of U.S. Stations, the name of U.S. Stations	subject to a royalt etween a cable sy senting the prima channel on any o instructions locate list the community ecommunity with space G for each 5. BASIS OF CARRIAGE	capacity. y payment because it is the subject stem or an association representing the state of the state of the state of the state of the station is licensed by the which the station is licensed by the which the station is identifed. The channel line-up. 6. LOCATION OF STATION Madison, WI	additional information

FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWN					SYSTEM ID#	Name
Mid-Plains Tele	ephone, LLC	:			63437	Hume
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multice) for the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried the distant station.	ERS: TELEVISIO G, identify ever system during to ions in effect on 6.61(e)(2) and (isis, as explaine stations: With the condition of the condi	y television standard programment of the station actions are station actions. Whether the station actions must be the FCC in the station actions whether the station actions whether the station actions whether the station actions whether the station actions whether the station actions whether the station actions whether the station actions whether the station actions whether the station actions whether the station actions whether the station actions whether the station actions actions whether the station actions a	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations to research with the station was carried to the basis station of the station was carried to the basis station of the station was carried to the basis station of the station was carried to the basis station of the station was assigned to the station is a network attain is a network of the station is a network of the station was assigned to the station is a network of the station was assigned to the station is a network of the station was assigned to the station is a network of the station was assigned to the station was as assigned to the station was assigned to the station was assig	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substiffus, see page (v) of the program service er-the-air designation of the television statistication, D.C. This book station, an indefer network multicular "E-M" (for noncontribution of "E-M" (for noncontribution of the television statistication), enter "Yeitons located in the plete column 5, so the column 5	s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
	•					
of a written agreement the cable system and tion "E" (exempt). For explanation of these th	t entered into o a primary trans simulcasts, also aree categories	n or before Ju mitter or an a o enter "E". If , see page (v)	ine 30, 2009, be ssociation repre you carried the) of the general i	etween a cable system esenting the prima channel on any of instructions locate	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. y to which the station is licensed by the	
	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.	
		CHANN	EL LINE-UP	AA (cont)		
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	
WHA-DT4	21.4	E-M	No		Madison, WI	
WIFS	57.1		No		Janesville, WI	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63437 Mid-Plains Telephone, 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). AM or FM CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION N/A

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2										
LEGAL NAME OF OWNER OF Mid-Plains Telephone,		ЕМ:			S	63437	Name			
SUBSTITUTE CARRIAGE							ı			
In General: In space I, identi substitute basis during the ac explanation of the programm	counting pe	riod, under spe	ecific present and former FC	C rules, regula	ations, or authorizations. I	For a further	Substitute			
1. SPECIAL STATEMENTDuring the accounting per	iod, did you			s, any nonnet	twork television program	l	Carriage: Special Statement and			
broadcast by a distant stat Note: If your answer is "No"		rest of this pag	ge blank. If your answer is '	'Yes," you mu	• •	X No	Program Log			
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in										
9	UBSTITUT	E PROGRAM			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				
N/A										

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

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Mid-Plains Telephone, LLC
SYSTEM ID#

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

		DAT	ES /	AND HOURS (OF F	PART-TIME CAF	RRIAGE					
CALL SIGN -	WHEN			WHEN CARRIAGE OCCURRED HOURS CALLS			CALL SIGN	WHE	WHEN CARRIAGE OCCURRED			
	DATE	FROM	UR	S TO			DATE	FROM	OURS	TO		
N/A												
			_						_			
			_						_			
									_			
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	AL NAME OF OWNER OF CABLE SYSTEM:			SYS	TEM ID#	
Mi	d-Plains Telephone, LLC				63437	Name
Ins all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary	transmiss	ion service		K Gross Receipts
IMF	during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.		\$ (Amount o	1,011,8 2 f gross receipts)		
• Cor • Cor • If your fee • If your	YRIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the art from block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.					L Copyright Royalty Fee
,	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below.	e enter	red on line	e 1 of		
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered	d on line 2	2 in block		
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	ould be	entered o	on line		
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K				21 60	
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		Ψ	1,011,0	21.00	
	This is your minimum fee.	\$		10,7	65.78	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	nn 4, yo	ou must o	check		
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$			
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero				0.00	
	Line 3. Add lines 1 and 2 and enter here	\$			-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	10,7	65.78	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.				0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)				0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE		\$	7:	25.00	the Licensing 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	\$		11,4	90.78	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form and the Excel instructions to		,			

Nama	LEGAL NAME OF OWNER OF	F CABLE S	YSTEM:	SYSTEM ID#							
Name	Mid-Plains Telepho	one, LL	C	63437							
	CHANNELS										
M	Instructions: You mu	ust give	(1) the number of channels on which the cable system carried television broadcas	st stations							
1	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Channels	Enter the total number of channels on which the cable										
1				20							
	system carried telev	/ISIOII DI	padcast stations								
	2. Enter the total num	nber of a	ctivated channels								
	on which the cable	system	arried television broadcast stations	380							
	and nonbroadcast s	ervices									
N	we can contact about		CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual identify and identify an individual identify an identification and an identification and an								
Individual to											
Be Contacted											
for Further	Name Stephar	nie We	ber Telephone	(608) 664-4721							
Information											
	Address 525 Jun (Number, stre		bute, apartment, or suite number)								
	Madiso	n, WI t	3717-2152								
	(City, town, s	tate, zip)									
	Email	Finan	ce@tdstelecom.com Fax (optional)								
	CEPTIFICATION (This	etatem	ent of account must be certifed and signed in accordance with Copyright Office re	agulations							
0	CERTIFICATION (TIIIS	Statem	and of account must be certiled and signed in accordance with Copyright Office re	guiations.							
Certifcation	• I the undersigned he	ereby ce	tify that (Check one, but only one, of the boxes.)								
Gertification	i, the undersigned, he	oroby oc	any that (officer offic, but only offic, of the boxes.)								
	(Owner other than	corpor	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	ce B; or							
			n corporation or partnership) I am the duly authorized agent of the owner of the cab that the owner is not a corporation or partnership; or	ole system as identified							
		e b and	that the owner is not a corporation of partnership, of								
	(Officer or partner in line 1 of space	-	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	owner of the cable system							
	iii iiile i oi spac	Je D.									
			t of account and hereby declare under penalty of law that all statements of fact contai to the best of my knowledge, information, and belief, and are made in good faith.	ined herein							
	[18 U.S.C., Section 10										
		X	/s/ Sharon V. Tisdale								
	•	Enter ar	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 curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot								
				ao sompanomy senings.							
		Typed	or printed name: Sharon V. Tisdale								
,		Title:	Assistant Treasurer								
			(Title of official position held in corporation or partnership)								
,		Date:	August 25, 2020								
ı		⊿aι€.	1109051 20, 2020								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Mid-Plains Telephone, LLC	SYSTEM ID# 63437	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sull scribers 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		P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	t.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- lays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.00274 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- ge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	е	
** 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 origina filing.	I	
Owner Address		
First community served Accounting period ID number		

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

ACCOUNTING PERIOD: 2020/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

Note that local stations are not counted at all in computing DSEs.

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

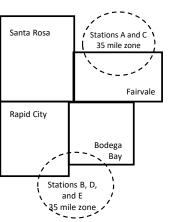
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6,384.00

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

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

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

ACCOUNTING PERIOD: 2020/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SY	STEM ID#					
1	Mid-Plains Telephone, L	LC				63437					
	SUM OF DSEs OF CATEGOR		NS:								
	Add the DSEs of each station										
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00						
	Instructions:					<u> </u>					
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by	the letter "O" in column 5						
	of space G (page 3).										
Computation	In the column headed "DSE"	': for each indep	endent station, give the DSI	as "1.0"; for	each network or noncom-						
of DSEs for	· ·										
Category "O" Stations	CALL SIGN	DSE	CATEGORY O STATION		CALL SIGN	DSE					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											

Name		OWNER OF CABLE SYSTEM:					S	YSTEM ID# 63437
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista :: For each station, give the correspond with the inform :: For each station, give the color in	the number of he mation given in the total number in the total number in 2 by the figure in the first the total number in the first the	nours your cable system space J. Calculate or of hours that the statement of the column 3, and is the "basis of carriage "type-value" as "1.0."	m carried the state of the state of the carried of the case of the	ion during the accounting ach station. er the air during the accounting the air during the accounting the accounting the air during the accounting the accounting to the accounting the ac	unting period. is figure must cational station,	
Capacity		С	ATEGORY	LAC STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS :D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	·Ε
	N/A		÷		=	x	=	
			÷		=	<u>X</u>	=	
			÷ ÷		=	x x	<u>-</u>	
			+		=	x	=	
			÷		=	x	=	
			÷ ÷		=	X X		
	Add the DSEs	oF CATEGORY LAC S of each station. Im here and in line 2 of pa		nedule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Column 1: Giv Was carried tions in effetal Broadcast of space 1). Column 2: at your option. Column 3: Column 4:	e the call sign of each state by your system in substituted on October 19, 1976 (cone or more live, nonnetwork of the cone of	itution for a pro as shown by the ork programs do number of live spond with the in the calenda in 2 by the figu	ogram that your system ne letter "P" in column uring that optional carr e, nonnetwork program information in space I. ar year: 365, except in tre in column 3, and gi	n was permitted to 7 of space I); and iage (as shown by s carried in subst a leap year.	o delete under FCC rules the word "Yes" in column 2 itution for programs that	of were deleted	m).
		SUI	BSTITUTE-	BASIS STATION	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	'S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		÷ -		=
		· · · · · · · · · · · · · · · · · · ·		=		÷		=
		÷		=		÷		=
		÷		=		÷		=
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS:			0.00		
5 Total Number of DSEs	number of DSE:	ER OF DSEs: Give the am s applicable to your systen f DSEs from part 2 ● f DSEs from part 3 ●		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide	0.00 0.00	
	3. Number o	f DSEs from part 4 ●				•	0.00	
						-		
	TOTAL NUMBE	R OF DSEs				>		0.00

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

	OWNER OF CABLE	SYSTEM:					S'	YSTEM ID# 63437	Name		
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS											
			BLOCK A: 7	TELEVISION M	ARKETS				Computation of 3.75 Fee		
effect on June 2	em located wholly of 4, 1981? mplete part 8 of the aplete blocks B and	schedule—[C below.	OO NOT COM	PLETE THE REM	AINDER OF I	PART 6 AND 7		gulations in	55135		
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs					
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: T	part 2, 3, and 4 or ne 25, 1981. For fo he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see tl	he			
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ri A Stations carri 76.61(b)(c)] B Specialty stat C Noncommeric D Grandfathere instructions for E Carried pursu *F A station pre	ules and reguled pursuant to as defined to all educations of the state	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(3) referring the stitution of goods asis prior to June 20.55 (e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered s	76.63(a) referring				
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE			
					•						
								0.00			
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE						
Line 1: Enter th	ne total number of	DSEs from	part 5 of this	schedule			,	<u>-</u>			
Line 2: Enter th	ne sum of permitte	ed DSEs from	m block B ab	ove			r				
	et line 2 from line , leave lines 4–7 b			,		rate.		0.00			
Line 4: Enter g	ross receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially		
Line 5: Multiply	line 4 by 0.0375	and enter si	ım here				Х		permited/ partially nonpermitted		
Line 6: Enter to	otal number of DS	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.		
Line 7: Multiply	line 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00			

Name	Mid-Plains Tele								<u> </u>	63437	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prior Column 1: List the column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Form A—Part-time sperior 76.59(B—Late-night prior 76.61(S—Substitute carried general column 5: Indicate Column 6: Compare in block	or to June 25, call sign for ear the DSE for the DSE for the accounting the basis of c CC rules and ecialty program (d)(1),76.61(e) (e)(3)). Carriage under all instructions the station's IC e the DSE figures and information you call information you call information you information you call instructions the station's IC ethe DSE figures are the programmed that information you call info	1981, under form ach distant station nis station for a si g period and year arriage on which regulations cited I mming: Carriage, 0(1), or 76.63 (refo Carriage under FC certain FCC rules in the paper SA3 DSE for the currer ures listed in colurof part 6 for this si ou give in columns	er FCC rules govidentifed by the agle accounting in which the care the station was coon a part-time bearing to 76.61(e.C rules, section, regulations, or form. It accounting perms 2 and 5 and ation.	ver let perria carr tho asi)(1) s 7 aur	entifed by the letter "F' rining part-time and subtter "F" in column 2 of priod, occurring betwee age and DSE occurred ried by listing one of those in effect on June 20 is, of specialty program)). 76.59(d)(3), 76.61(e)(3) ithorizations. For further das computed in parts at the smaller of the two	estitute carricant 6 of the n January 1 (e.g., 1981) e following 4, 1981. Inming under care explanation 2, 3, and 4 of figures her	age. DSE schedule, 1978 and Jun 1) letters r FCC rules, se referring to on, see page (v of this schedule, This figure	ene 30, 19 ections vi) of the should be	981 se enterer	
		PERMITT	ED DSE FOR ST	ATIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED	
1	SIGN	DSE		PERIOD		CARRIAGE	[OSE		DSE	
7 Computation	Instructions: Block A In block A: If your answer is		npleted. ete blocks B and 0	C, below.							
of the	If your answer is	"No," leave b	locks B and C bla	nk and complete	pa	art 8 of the DSE sched	ule.				
Syndicated			BLOC	K A: MAJOR	TI	ELEVISION MARK	ET				
Exclusivity							, , , , , , , , , , , , , , , , , , ,		0.4	10010	
Surcharge	l 🚐 * *	-	•	jor television mai	ke	et as defned by section 7		rules in effect J	une 24,	1981?	
	Yes—Complete	blocks B and	IC.			X No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VHI	-/Grade B Contou	r Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	3	
		ion that places		the primary stream of a Was any station listed in block B of part 7 carried in a rade B contour, in whole nity served by the cable system prior to March 31, 19						commu-	
		•	th its appropriate pe	rmitted DSF			oformer FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE				
	Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.					X No—Enter zero and proceed to part 8.					
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
		-	-								
		-									
		<u> </u>	TOTAL 205	0.00			<u> </u>	TOTAL		0.00	
			TOTAL DSEs	0.00				TOTAL DS	ES	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Mid-Plains Telephone, LLC	SYSTEM ID# 63437	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,011,821.60	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? X Yes—Complete section 3 below. 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? Yes—Complete part 9 of this schedule. X 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 Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge. \$\$\\$\$		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X 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 Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Nama	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	I	Mid-Plains Telephone, LLC	63437
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particle of the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particle of the complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particle of the complete of DSEs from part 5. Ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Our answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.	ow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	60_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	.00
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). S 7,092.87 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.	

		G PERIOD: 2020,
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID# lains Telephone, LLC 63437	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	_
4	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1) \$	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1)► \$	of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) ► \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here \$	
	G. Add lines A, C, and F. This is your base rate fee.	
	Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee S 0.00	
instead Space (TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude a from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	9 Computation
•	on, you must:	of Base Rate Fe
station DSEs a Finally	divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
Step 1:	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each per group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
groups.		
	section:	
 Identif 	y the communities/areas represented by each subscriber group.	1

- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- If:
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63437 Mid-Plains Telephone, 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 OWN Mid-Plains Telep						S	YSTEM ID# 63437	Nam
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
0, 122 01011	BOL	OFFICE STORY	562	OF ILLE STORY	502	O/ LEE STOTA	562	Base Rate
								and
								Syndica
		-				.		Exclusiv
								Surchar for
								Partiall
								Distan
								Station
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
oross receipts i list	Огоир	*	0.00	Oross receipts occ	ona Oroup	<u>Ψ</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO)UP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		_						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
•	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add	the base ra	te fees for each subs	scriber group	as shown in the boxes	s above.			
inter here and in blo			JP			\$	0.00	