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

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	AC	COUNTING PERIOD COVERE	ED BY THIS STATEMENT:				
Accounting		2020/1					
Period							
B Owner	rate	ructions: Give the full legal name of the owner of title of the subsidiary, not that of the pa List any other name or names under w If there were different owners during th ngle statement of account and royalty for Check here if this is the system's fire	arent corporation. which the owner conducts the busin the accounting period, only the own the payment covering the entire acc	ess of the cable syste er on the last day of th counting period.	m. ne accounting period should su		63442
	LE	GAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM				
		Mountain Rural Telephone	Cooperative				
							220201
						63442	2020/1
		DO Day 200					
		PO Box 399 West Liberty KX 41472					
		West Liberty KY 41472					
С		TRUCTIONS: In line 1, give any but nes already appear in space B. In li		•			
System	1	IDENTIFICATION OF CABLE SYSTEM:					
	2	MAILING ADDRESS OF CABLE SYSTEN 425 Main Street Suite A (Number, street, rural route, apartment, or suite r West Liberty KY 41472 (City, town, state, zip code)					
	-						
D		tructions: For complete space D ir all communities.	nstructions, see page 1b. Identi	fy only the frst com	munity served below and re	elist on paç	ge 1b
Area Served	WIL	CITY OR TOWN		STATE			
First		Sandy Hook		KY			
Community	В	elow is a sample for reporting com	munities if vou report multiple c	hannel line-ups in S	Space G.		
	-	CITY OR TOWN (SAMPLE)	y	STATE	CH LINE UP	SUB	GRP#
Sample	Ald	1		MD	A		1
		ance		MD	В		2
	Ger	ng		MD	В		3
form in order to pro numbers. By provi search reports pre	ocess ding P pared	tion 111 of title 17 of the United States Code your statement of account. PII is any person I, you are agreeing to the routine use of it to for the public. The effect of not providing the ments of account, and it may affect the lega	al information that can be used to ident o establish and maintain a public record o PII requested is that it may delay proce	ify or trace an individual, , which includes appeari essing of your statement	such as name, address and telep ng in the Offce's public indexes a of account and its placement in t	ohone nd in	

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8-31-20

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
Mountain Rural Telephone Cooperative			63442			
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.						
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 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#			
Sandy Hook	KY	Α	1	First		
West Liberty Campton	KY KY	B B	2 2	Community		
Frenchburg	KY	В	3			
				See instructions for additional information		
				on alphabetization.		
				Add rows as necessary.		

Nama	LEGAL NAME OF OWNER OF CABL	E SYSTEM:								SYSTEM I
Name	Mountain Rural Telepho	one Cooper	ative							634
Е	SECONDARY TRANSMISSION			-		-				
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondary		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								
Transmission		last day of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-		scribers: Both blocks in space E call for the number of subscribers to the cable system, broken								
scribers and	down by categories of secondar									
Rates	each category by counting the n								ons 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	-							-	
	category, but do not include disc									
	Block 1: In the left-hand block			-						
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			-			-			
	subscriber who pays extra for ca						d in the count u	nder "Se	rvice to the	
	first set" and would be counted of Block 2: If your cable system						convice that or	o difforo	at from these	
	printed in block 1 (for example,	-		•						
	with the number of subscribers						•	,	-	
	sufficient.	OCK 1	_		-				CK 2	
	BLU	NO. OF			-			BLU	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:									
	Service to first set Service to additional act(a)		3,306 1,958	\$ 42.95 \$ 4.95						
	 Service to additional set(s) FM radio (if separate rate) 		1,950	ə 4.95						
	Motel, hotel									
	Commercial		80	\$ 42.95						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									•
_	In General: Space F calls for ra					ct to a	all vour cable sv	stem's s	ervices that were	
F	not covered in space E, that is,	•	'		•		• •			
	service for a single fee. There a									
Services	furnished at cost or (2) services									
Other Than Secondary	amount of the charge and the up		s usuali	y billed. If any	rates	are c	narged on a var	lable pe	r-program basis,	
ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 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.									
	bhei (two- of three-word) desch	•								
	CATEGORY OF SERVICE	BLO RATE		GORY OF SEF		=	RATE	CATE	BLOCK 2	
	Continuing Services:			lation: Non-res			TOALE	UATEC		
	• Pay cable		• Mc	otel, hotel						
	• Pay cable—add'l channel			ommercial						
	Fire protection		•Pa	y cable						
	 Burglar protection 			iy cable-add'l c	hanne	el				
	Installation: Residential			e protection						
	• First set			Irglar protection	ו					
	Additional set(s)			services:						
	• FM radio (if separate rate)			econnect						
	Converter			sconnect						
	• Converter		• Ou	sconnect utlet relocation ove to new add	reee					

LEGAL NAME OF OWN					SYSTEM ID#	Name
Mountain Rura	I Telephone	Cooperat	ive		63442	
PRIMARY TRANSMITTE	ERS: TELEVISI	NC				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during t ions in effect o 5.61(e)(2) and (sis, as explaine	the accountin n June 24, 19 (4), or 76.63 (ad in the next	g period except 981, permitting (referring to 76. paragraph	t (1) stations carr the carriage of ce 61(e)(2) and (4))]	ns and low power television stations) ed only on a part-time basis under ertain network programs [section: ; and (2) certain stations carried on a r cable system on a substitute program	G Primary Transmitters: Television
basis under specifc FC	, 0	,				
 Do not list the station station was carried 	•		st it in space I (1	the Special State	ment and Program Log)—if the	
List the station here,	and also in spa formation cond	ace I, if the st			stitute basis and also on some othe of the general instructions located	
Column 1: List eac	ch station's call	-			ces such as HBO, ESPN, etc. Identify	
			0	0	nation. For example, report multi ach stream separately; for example	
WETA-simulcast).				,		
			-		ation for broadcasting over-the-air ir is may be different from the channe	
on which your cable sy	ystem carried t	he station		C		
					dependent station, or a noncommercia ticast), "I" (for independent), "I-M	
(for independent multio	cast), "E ["] (for n	oncommercia	al educational),	or "E-M" (for non	commercial educational multicast)	
For the meaning of the Column 4: If the sta					the paper SA3 form Yes". If not, enter "No". For an ex	
planation of local servi			•	,		
•			•	•	5, stating the basis on which you entering "LAC" if your cable systen	
carried the distant stat		•	0.	•	o i i	
	sion of a distan	t multicast str	eam that is not	subject to a rova	Ity payment because it is the subjec	
-		n or before J		petween a cable s	system or an association representin	
the cable system and a	a primary trans	n or before J mitter or an a	association repr	between a cable s resenting the prim		
the cable system and a tion "E" (exempt). For explanation of these th	a primary trans simulcasts, als nree categories	n or before J mitter or an a o enter "E". If s, see page (\	association repr f you carried the /) of the genera	between a cable s resenting the prin e channel on any l instructions loca	system or an association representin nary transmitter, enter the designa other basis, enter "O." For a furthe tted in the paper SA3 form	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, als nree categories e location of ea	n or before J smitter or an a o enter "E". If s, see page (\ ach station. Fo	association repr f you carried the /) of the genera or U.S. stations	between a cable s resenting the prin e channel on any l instructions loca s, list the commun	system or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, als nree categories e location of ea Canadian statio	n or before J mitter or an a o enter "E". If s, see page (v ach station. Fr ons, if any, giv	association repr f you carried the /) of the genera or U.S. stations ve the name of	between a cable s resenting the prin e channel on any I instructions loca s, list the commun the community w	system or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or 0	a primary trans simulcasts, als nree categories e location of ea Canadian statio	n or before J smitter or an a o enter "E". If s, see page (\ ach station. Fr ons, if any, giv nnel line-ups	association repr f you carried the /) of the genera or U.S. stations ve the name of , use a separate	between a cable s resenting the print e channel on any l instructions loca t, list the community w e space G for eac	system or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin	a primary trans simulcasts, als nree categories e location of ea Canadian statio ng multiple cha	n or before J smitter or an a o enter "E". It s, see page (v ach station. Fr ons, if any, giv nnel line-ups	association repr f you carried the r) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP	between a cable s resenting the print e channel on any l instructions loca t, list the community w e space G for eac AA	system or an association representin nary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec ch channel line-up.	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL	a primary trans simulcasts, als nree categories e location of ea Canadian station mg multiple cha 2. B'CAST	n or before J smitter or an a o enter "E". It s, see page (\ ach station. Fr ons, if any, giv nnel line-ups CHANN 3. TYPE	association repr f you carried the r) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT?	between a cable s resenting the prine e channel on any l instructions loca , list the community w e space G for eac AA 5. BASIS OF	system or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin	a primary trans simulcasts, als nree categories e location of ea Canadian station multiple cha 2. B'CAST CHANNEL	n or before J smitter or an a o enter "E". It s, see page (v ach station. Fr ons, if any, giv nnel line-ups	association repr f you carried the /) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No)	between a cable s resenting the prine e channel on any l instructions loca , list the community we e space G for eac AA 5. BASIS OF CARRIAGE	system or an association representin nary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec ch channel line-up.	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or (Note: If you are utilizin 1. CALL SIGN	a primary trans simulcasts, als nee categories e location of ea Canadian station mg multiple cha 2. B'CAST CHANNEL NUMBER	n or before J smitter or an a o enter "E". It s, see page (\ ach station. F ons, if any, giv nnel line-ups CHANN 3. TYPE OF	association repr f you carried the /) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No)	between a cable s resenting the prine e channel on any l instructions loca , list the community w e space G for eac AA 5. BASIS OF	existem or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec the channel line-up.	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WSAZ	a primary trans simulcasts, als nee categories e location of ea Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1	n or before J smitter or an a o enter "E". If s, see page (\ ach station. F ons, if any, giv nnel line-ups CHANN 3. TYPE OF STATION N	association repr f you carried the /) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes	between a cable s resenting the print e channel on any l instructions location the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant)	eystem or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identified the channel line-up. 6. LOCATION OF STATION Huntington, WV	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or (Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV	a primary trans simulcasts, als nee categories e location of ea Canadian station multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2	n or before J smitter or an a o enter "E". If s, see page (V ach station. Fr ons, if any, giv nnel line-ups CHANN 3. TYPE OF STATION N N-M	association repr f you carried the /) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No	between a cable s resenting the print e channel on any l instructions location the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant)	Asystem or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifed the channel line-up. 6. LOCATION OF STATION Huntington, WV Huntington, WV	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MYTV WCHS	a primary trans simulcasts, als nee categories e location of ea Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1	n or before J smitter or an a o enter "E". If s, see page (\ ach station. F ons, if any, giv nnel line-ups CHANN 3. TYPE OF STATION N N N	association repr f you carried the /) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No	between a cable s resenting the print e channel on any l instructions location the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant)	eystem or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identified the channel line-up. 6. LOCATION OF STATION Huntington, WV Huntington, WV Charleston, WV	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or (Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV WCHS WCHS	a primary trans simulcasts, als nee categories e location of ea Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2	n or before J smitter or an a o enter "E". It s, see page (v ach station. Fr ons, if any, giv nnel line-ups CHANN 3. TYPE OF STATION N N N N	association repr f you carried the /) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No	between a cable s resenting the print e channel on any l instructions location the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant)	Asystem or an association representin harry transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec the channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Huntington, WV Charleston, WV Charleston, WV	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV WCHS WCHS-DT1 WCHS-DT2	a primary trans simulcasts, als nee categories e location of ea Canadian station multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3	n or before J smitter or an a o enter "E". If s, see page (V ach station. Fr ons, if any, giv nnel line-ups CHANN 3. TYPE OF STATION N N N N N N N	association repr f you carried the /) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No	between a cable s resenting the print e channel on any l instructions location the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant)	existem or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec th channel line-up. 6. LOCATION OF STATION Huntington, WV Huntington, WV Charleston, WV Charleston, WV	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3	a primary trans simulcasts, als nee categories e location of ea Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4	n or before J smitter or an a o enter "E". It s, see page (v ach station. Fr ons, if any, giv nnel line-ups CHANN 3. TYPE OF STATION N N N N	association repr f you carried the /) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No	between a cable s resenting the print e channel on any l instructions location the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant)	existem or an association representin mary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identified the channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Huntington, WV Huntington, WV Charleston, WV Charleston, WV Charleston, WV	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or (Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV WCHS WCHS-DT1 WCHS-DT2	a primary trans simulcasts, als nee categories e location of ea Canadian station multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3	n or before J smitter or an a o enter "E". If s, see page (V ach station. Fr ons, if any, giv nnel line-ups CHANN 3. TYPE OF STATION N N N N N N N	association repr f you carried the /) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No	between a cable s resenting the print e channel on any l instructions location the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant)	existem or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec th channel line-up. 6. LOCATION OF STATION Huntington, WV Huntington, WV Charleston, WV Charleston, WV	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3	a primary trans simulcasts, als nee categories e location of ea Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4	n or before J smitter or an a o enter "E". If s, see page (v ach station. Fr ons, if any, giv nnel line-ups CHANN 3. TYPE OF STATION N N -M N-M N-M N-M	association repr f you carried the /) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No	between a cable s resenting the print e channel on any l instructions location the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant)	existem or an association representin mary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identified the channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Huntington, WV Huntington, WV Charleston, WV Charleston, WV Charleston, WV	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6 : Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3 WVAH WVAH-DT1	a primary trans simulcasts, als nee categories e location of ea Canadian station multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4 19.1	n or before J smitter or an a o enter "E". If s, see page (V ach station. Frons, if any, giv nnel line-ups CHANN 3. TYPE OF STATION N N-M N-M N-M N-M N-M N-M N-M	association repr f you carried the /) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No	between a cable s resenting the print e channel on any l instructions location the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant)	existem or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec th channel line-up. 6. LOCATION OF STATION Huntington, WV Huntington, WV Charleston, WV Charleston, WV Charleston, WV Charleston, WV Charleston, WV Charleston, WV	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or (Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3 WVAH	a primary trans simulcasts, als nee categories e location of ee Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4 19.1 19.2	n or before J smitter or an a o enter "E". It s, see page (v ach station. Fr ons, if any, giv nnel line-ups CHANNI 3. TYPE OF STATION N N-M N-M N-M N-M N-M N-M N-M	association repr f you carried the /) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No	between a cable s resenting the print e channel on any l instructions location the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant)	Average of an association representin mary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identified the channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Huntington, WV Charleston, WV Charleston, WV Charleston, WV Charleston, WV Charleston, WV Charleston, WV Charleston, WV Charleston, WV	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ WSAZ-MyTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3 WVAH WVAH-DT1 WVAH-DT2 WKYT	a primary trans simulcasts, als nee categories e location of ea Canadian station multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4 19.1 19.2 19.3	n or before J smitter or an a o enter "E". It s, see page (V ach station. Fr ons, if any, giv nnel line-ups CHANN 3. TYPE OF STATION N N-M N-M N-M N-M N-M N-M N-M N-M	association repr f you carried the /) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No	AA 5. BASIS OF CARRIAGE (If Distant) O	existem or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec th channel line-up. 6. LOCATION OF STATION Huntington, WV Charleston, WV	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3 WVAH WVAH-DT1 WVAH-DT2 WKYT WKYT-DT2	a primary trans simulcasts, als nee categories e location of ea Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4 19.1 19.2 19.3 21.1 21.3	n or before J smitter or an a o enter "E". It s, see page (v ach station. Fr ons, if any, giv nnel line-ups CHANNI 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	association repr f you carried the /) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No Yes Yes Yes	between a cable s resenting the prine e channel on any l instructions location is the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	existem or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec th channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Huntington, WV Charleston, WV	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MYTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3 WVAH WVAH-DT1 WVAH-DT1 WVAH-DT2 WKYT WKYT-DT2 WQCW	a primary trans simulcasts, als bree categories e location of ea Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4 19.1 19.2 19.3 21.1 21.3 15.1	n or before J smitter or an a o enter "E". It s, see page (v ach station. F ons, if any, giv nnel 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-	association repr f you carried the /) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No No No No	between a cable s resenting the prine e channel on any l instructions location is the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	existem or an association representin mary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identified the channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Huntington, WV Huntington, WV Charleston, WV Lexington, KY Lexington, KY Portsmith OH	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6 : Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MYTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3 WVAH WVAH-DT1 WVAH-DT1 WVAH-DT2 WKYT WKYT-DT2 WQCW WKAS	a primary trans simulcasts, als pree categories e location of ee Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4 19.1 19.2 19.3 21.1 21.3 15.1 26.1	n or before J smitter or an a o enter "E". It s, see page (v ach station. F, ons, if any, giv nnel line-ups CHANNI 3. TYPE OF STATION N N-M N-M N-M N-M N-M N-M N-M N-M N-M	association repr f you carried the /) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No Yes Yes Yes No No	between a cable s resenting the prine e channel on any l instructions location is the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	Ashland, KY Portsmith OH Ashland, KY	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3 WVAH WVAH-DT1 WVAH-DT1 WVAH-DT2 WKYT WKYT-DT2 WQCW WKAS WKAS2	a primary trans simulcasts, als pree categories e location of ea Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4 19.1 19.2 19.3 21.1 21.3 15.1 26.1 26.2	n or before J smitter or an a o enter "E". If s, see page (V ach station. Fr ons, if any, giv nnel 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-	association repr f you carried the /) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No Yes Yes Yes No No No No No No No	between a cable s resenting the prine e channel on any l instructions location is the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	existem or an association representin mary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identified th channel line-up. 6. LOCATION OF STATION Huntington, WV Huntington, WV Charleston, KY Lexington, KY Portsmith OH Ashland, KY	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MYTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3 WVAH WVAH-DT1 WVAH-DT1 WVAH-DT2 WKYT WKYT-DT2 WQCW	a primary trans simulcasts, als pree categories e location of ee Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4 19.1 19.2 19.3 21.1 21.3 15.1 26.1	n or before J smitter or an a o enter "E". It s, see page (v ach station. F, ons, if any, giv nnel line-ups CHANNI 3. TYPE OF STATION N N-M N-M N-M N-M N-M N-M N-M N-M N-M	association repr f you carried the /) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No Yes Yes Yes No No	between a cable s resenting the prine e channel on any l instructions location is the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	Ashland, KY Ashland, KY Ashland, KY Ashland, KY Ashland, KY Ashland, KY	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3 WVAH WVAH-DT1 WVAH-DT1 WVAH-DT2 WKYT WKYT-DT2 WQCW WKAS WKAS2	a primary trans simulcasts, als pree categories e location of ea Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4 19.1 19.2 19.3 21.1 21.3 15.1 26.1 26.2	n or before J smitter or an a o enter "E". If s, see page (V ach station. Fr ons, if any, giv nnel 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-	association repr f you carried the /) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No Yes Yes Yes No No No No No No No	between a cable s resenting the prine e channel on any l instructions location is the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	existem or an association representin mary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identified th channel line-up. 6. LOCATION OF STATION Huntington, WV Huntington, WV Charleston, KY Lexington, KY Portsmith OH Ashland, KY	additional information
the cable system and a tion "E" (exempt). For explanation of these th Column 6 : Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WSAZ WSAZ-MyTV WCHS WCHS-DT1 WCHS-DT2 WCHS-DT3 WVAH WVAH-DT1 WVAH-DT1 WVAH-DT2 WKYT WKYT-DT2 WQCW WKAS WKAS2 WKAS2 WKAS KY	a primary trans simulcasts, als pree categories e location of ee Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 23.1 23.2 41.1 41.2 41.3 41.4 19.1 19.2 19.3 21.1 21.3 15.1 26.1 26.2 26.3	n or before J smitter or an a o enter "E". It s, see page (v ach station. Fr ons, if any, giv nnel 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-	association repr f you carried the /) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No Yes Yes Yes No No No No No No No No No No No No No	between a cable s resenting the prine e channel on any l instructions location is the community we e space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	Ashland, KY Ashland, KY Ashland, KY Ashland, KY Ashland, KY Ashland, KY	additional information

LEGAL NAME OF C	OWNER OF CABLE SY	STEM:			SYSTEM ID#	Name
Mountain R	ural Telephone	e Cooperat	ive		63442	Hamo
PRIMARY TRANSN	IITTERS: TELEVISI	ON				
carried by your cal FCC rules and reg 76.59(d)(2) and (4 substitute program	ble system during t julations in effect o), 76.61(e)(2) and h basis, as explaine	the accountin In June 24, 19 (4), or 76.63 ed in the next	g period except 981, permitting (referring to 76. paragraph	t (1) stations carr the carriage of ce 61(e)(2) and (4))	ns and low power television stations) ed only on a part-time basis under rtain network programs [section: ; and (2) certain stations carried on a r cable system on a substitute progran	G Primary Transmitters: Television
	c FCC rules, regul	-	•	is carried by you	cable system on a substitute program	Television
 Do not list the sta station was carr 	ation here in space ried only on a subs	G—but do lis stitute basis	st it in space I (t		ment and Program Log)—if the	
	er information con				titute basis and also on some othe of the general instructions located	
Column 1: List each multicast stre	each station's call eam associated wit	th a station ad	cording to its o	ver-the-air desig	ces such as HBO, ESPN, etc. Identify nation. For example, report multi	
cast stream as "W WETA-simulcast).		streams mus	st be reported in	i column 1 (list ea	ich stream separately; for example	
,		ber the FCC	has assigned to	the television st	ation for broadcasting over-the-air ir	
on which your cab	le system carried t	he station		0	is may be different from the channe dependent station, or a noncommercia	
For the meaning o Column 4: If th planation of local s Column 5: If yo cable system carri carried the distant For the retrans of a written agreen the cable system a tion "E" (exempt).	f these terms, see the station is outside service area, see p bu have entered "Y ed the distant stati station on a part-ti mission of a distan nent entered into c and a primary trans	page (v) of the e the local services age (v) of the 'es" in column on during the ime basis become t multicast strong on or before J smitter or an a	ne general instru- rvice area, (i.e. general instruct a 4, you must co accounting per cause of lack of ream that is not une 30, 2009, b association repr	uctions located in "distant"), enter " ctions located in to mplete column s riod. Indicate by a activated channe subject to a roya between a cable s	commercial educational multicast) the paper SA3 form Yes". If not, enter "No". For an ex he paper SA3 form 6, stating the basis on which you entering "LAC" if your cable syster el capacity Ity payment because it is the subjec system or an association representin nary transmitter, enter the designa	
Column 6: Give FCC. For Mexican Note: If you are ut	se three categories e the location of ea or Canadian statio	s, see page (\ ach station. F ons, if any, gi nnel line-ups	y) of the genera or U.S. stations we the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No)	l instructions loca , list the commur the community w e space G for eac	6. LOCATION OF STATION	
Column 6: Giv FCC. For Mexican Note: If you are ut 1. CALL SIGN WLJC HD	2. B'CAST CHANNEL NUMBER	s, see page (v ach station. F ons, if any, gi nnel line-ups CHANN 3. TYPE OF STATION	y) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	I instructions loca , list the community we space G for ear AB 5. BASIS OF CARRIAGE	ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec th channel line-up. 6. LOCATION OF STATION Beattyville, KY	
Column 6: Give FCC. For Mexican Note: If you are ut 1. CALL SIGN WLJC HD WUPX	2. B'CAST CHANNEL NUMBER 7.1 21.1	s, see page (v ach station. F ons, if any, gi nnel line-ups CHANN 3. TYPE OF STATION E I	 of the generation of U.S. stations ve the name of use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No 	I instructions loca , list the community we space G for eac AB 5. BASIS OF CARRIAGE	ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec th channel line-up. 6. LOCATION OF STATION Beattyville, KY Morehead, KY	
Column 6: Give FCC. For Mexican Note: If you are ut 1. CALL SIGN WLJC HD WUPX WUPX-DT1	2. B'CAST CHANNEL NUMBER 7.1 21.2	s, see page (v ach station. F ons, if any, gi innel line-ups CHANN 3. TYPE OF STATION E I I-M	y) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No	I instructions loca , list the community we space G for eac AB 5. BASIS OF CARRIAGE	ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec th channel line-up. 6. LOCATION OF STATION Beattyville, KY Morehead, KY	
Column 6: Give FCC. For Mexican Note: If you are ut 1. CALL SIGN WLJC HD WUPX WUPX-DT1	2. B'CAST CHANNEL NUMBER 7.1 21.1	s, see page (v ach station. F ons, if any, gi nnel line-ups CHANN 3. TYPE OF STATION E I	 of the generation of U.S. stations ve the name of use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No 	I instructions loca , list the community we space G for eac AB 5. BASIS OF CARRIAGE	ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec th channel line-up. 6. LOCATION OF STATION Beattyville, KY Morehead, KY	
Column 6: Give FCC. For Mexican Note: If you are ut 1. CALL SIGN WLJC HD WUPX WUPX-DT1	2. B'CAST CHANNEL NUMBER 7.1 21.2	s, see page (v ach station. F ons, if any, gi innel line-ups CHANN 3. TYPE OF STATION E I I-M	y) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No	I instructions loca , list the community we space G for eac AB 5. BASIS OF CARRIAGE	ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec th channel line-up. 6. LOCATION OF STATION Beattyville, KY Morehead, KY	
Column 6: Give FCC. For Mexican Note: If you are ut 1. CALL SIGN WLJC HD WUPX	2. B'CAST CHANNEL NUMBER 7.1 21.2	s, see page (v ach station. F ons, if any, gi innel line-ups CHANN 3. TYPE OF STATION E I I-M	y) of the genera or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No	I instructions loca , list the community we space G for eac AB 5. BASIS OF CARRIAGE	ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec th channel line-up. 6. LOCATION OF STATION Beattyville, KY Morehead, KY	

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Mountain Rural Telephone Cooperative 63442							
H Primary Transmitters: Radio	 PRIMARY TRANSMITTERS: RADIO 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 receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 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

FORM SA3E. PAGE 5.			ACCOUNTING	PERIOD: 2020/1
LEGAL NAME OF OWNER OF CABLE SYSTEM: Mountain Rural Telephone Cooperative		S	YSTEM ID# 63442	Name
SUBSTITUTE CARRIAGE: SPECIAL STATE	MENT AND PROGRAM LOG			
In General: In space I, identify every nonnetwork to substitute basis during the accounting period, unde explanation of the programming that must be includ form.	specific present and former FCC ru	ules, regulations, or authorizations.	For a further	I Substitute
1. SPECIAL STATEMENT CONCERNING SU	BSTITUTE CARRIAGE			Carriage: Special
• During the accounting period, did your cable sy broadcast by a distant station?	stem carry, on a substitute basis, a	· _ · ·	n XNo	Special Statement and Program Log
Note: If your answer is "No", leave the rest of this	page blank. If your answer is "Yes	es," you must complete the progra	m	
 log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a seclear. If you need more space, please attach add Column 1: Give the title of every nonnetwork to period, was broadcast by a distant station and th under certain FCC rules, regulations, or authorized SA3 form for futher information. Do not use gene titles, for example, "I Love Lucy" or "NBA Baskett Column 2: If the program was broadcast live, Column 3: Give the call sign of the station broc Column 4: Give the broadcast station's location the case of Mexican or Canadian stations, if any, Column 5: Give the month and day when you first. Example: for May 7 give "5/7." Column 6: State the times when the substitute to the nearest five minutes. Example: a program stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your effect on October 19, 1976. 	itional pages. elevision program (substitute progr at your cable system substituted fo itions. See page (vi) of the general eral categories like "movies", or "ba vall: 76ers vs. Bulls." enter "Yes." Otherwise enter "No." adcasting the substitute program. In (the community to which the stati the community with which the stati system carried the substitute program e program was carried by your cabl carried by a system from 6:01:15 p gram was substituted for programm ct during the accounting period; en	gram) that, during the accounting or the programming of another sta al instructions located in the paper asketball". List specific program tion is licensed by the FCC or, in tion is identified). gram. Use numerals, with the more ble system. List the times accurate p.m. to 6:28:30 p.m. should be ning that your system was require net the letter "P" if the listed pro	tion nth ly	
,				
SUBSTITUTE PROG	RAM	WHEN SUBSTITUTE CARRIAGE OCCURRED	7. REASON	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES	7. REASON FOR DELETION	
SUBSTITUTE PROG	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	
SUBSTITUTE PROGE	DN'S 5.	CARRIAGE OCCURRED MONTH 6. TIMES AND DAY FROM — TO _	FOR	

	LEGAL NAME OF	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Name	Mountain R	ural Telepho	ne Cooperative	9					634	442
J Part-Time Carriage Log	In General: Th time carriage d hours your syst Column 1 (C column 5 of spa Column 2 (C curred during tt • Give the mont "4/10." • State the start television static "app." Example	State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the levision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation pp." 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.–								
			DATES	S AND HOURS (DF F	PART-TIME CAP	RRIAGE			
		WHEN	I CARRIAGE OCCI	JRRED			WHEN	I CARRIAGE O	CURRED	
	CALL SIGN		HOU	RS	Ì	CALL SIGN		H	OURS	
		DATE	FROM	TO			DATE	FROM	TO	
									. <u></u>	
									_	
									<u> </u>	
									_	
									_	
									_	
			_						_	
			_						_	
			_						_	
			_						_	
									_	
									_	
									<u> </u>	
									-	
									_	
									_	
			_						_	

<u> </u>	SA3E. PAGE 7.				
	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name
Mo	untain Rural Telephone Cooperative			63442	
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secon dentifed in space E) during the accounting period. For a further explanation of how to con- e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. DRTANT: You must complete a statement in space P concerning gross receipts.	, idary t	transmissic e this amou \$	on service	K Gross Receipts
		<u> </u>	(, anoant o	groce receiptor	
 Instru Com Com If yo fee 1 If yo according 	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amore rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable part impanying this form and attach the schedule to your statement of account.	ts of th	he DSE Sc	hedule	L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entere	ed on line 1	of	
3 be					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	ld be e	entered on	line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee i 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		\$	897,104.30	
	Enter the result here. This is your minimum fee.	\$		9,545.19	
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. 	n 4, yo d?	ou must che	eck	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	921.22	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			1,671.99	
	Line 3. Add lines 1 and 2 and enter here	\$		2,593.21	
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		\$	9,545.19	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.			0.00	submitting additional deposits under
	Line 3. 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		\$	725.00	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	\$		10,270.19	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID # 26PRAGPG				additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta		• • • •		

ACCOUNTING PERIC	-				FORM SA3E. PAGE
Name	LEGAL NAME OF OWNER OF CABL				SYSTEM IE 6344
M Channels	-	he cable system's to	f channels on which the cable system tal number of activated channels, of the cable		
					27
	Enter the total number of on which the cable system			٦	004
	and nonbroadcast servic	es			221
N Individual to Be Contacted	we can contact about this	statement of accoun	ER INFORMATION IS NEEDED: (t.)		505 742 2424
for Further Information	Name Angela Pen	nington		Telephone	606-743-3121
	Address 425 Main St (Number, street, ru	ral route, apartment, or s	uite number)		
	West Libert (City, town, state, z				
	Email ape	nnington@mou	ntaintelephone.com	Fax (optional) 606-743-3	3727
0	CERTIFICATION (This state	ement of account mu	ist be certifed and signed in accord	lance with Copyright Office regul	ations.)
O Certifcation	• I, the undersigned, hereby	certify that (Check on	e, <i>but only one</i> , of the boxes.)		
	Owner other than corp	oration or partnersh	 ip) I am the owner of the cable syst 	em as identifed in line 1 of space E	; or
			partnership) I am the duly authorize not a corporation or partnership; or	d agent of the owner of the cable s	system as identified
	(Officer or partner) I ar in line 1 of space B.	n an officer (if a corpo	oration) or a partner (if a partnership)	of the legal entity identifed as owr	er of the cable system
		ect to the best of my I	ereby declare under penalty of law t knowledge, information, and belief, a		I herein
		/s/ Shayne Is	on		
	Enter (e.g.,	r an electronic signatur /s/ John Smith). Befo	re on the line above using an "/s/" sigr ore entering the first forward slash of to our name. Pressing the "F" button wil	ne /s/ signature, place your cursor in	
	Туре	ed or printed name:	/s/Shayne Ison		
l	Title	CEO, Gener	al Manager		
	- nie		ition held in corporation or partnership)		
	Date	: August 31, 2020)		
form in order to proc numbers. By providi search reports prepa	ess your statement of account. ng PII, you are agreeing to the r rred for the public. The effect of	PII is any personal inf routine use of it to esta not providing the PII r	horizes the Copyright Offce to collect ormation that can be used to identify ablish and maintain a public record, wi equested is that it may delay process fciency of the fling, a determination th	or trace an individual, such as name nich includes appearing in the Offce ing of your statement of account and	, address and telephoi s public indexes anc

U.S. Copyright Office

FORM	SA3F	PAGE9.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
Mountain Rural Telephone Cooperative 63442	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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) \$ (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@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Mountain Rural Telephone Company	
Address 425 Main Street	
West Liberty, KY 41472	
First community served Sandy Hook Accounting period 2019/1	
ID number 63442	

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 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.

DSE SCHEDULE. PAGE 11.

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

Determine whether any of the stations you carried were partially 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

Each of the second, third, and fourth DSEs0.701% of gross receiptsThe fifth and each additional DSE0.330% 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.

 Identify the communities/areas represented by each subscriber group.
 For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

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

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

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

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

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows: • When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains

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

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

EXAMPLE:

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

		Distant Stations Carried		Identification	of Subscriber	Groups		
In most cases	under current FCC	STATION	DSE	CITY	OUTSIDE LC	CAL	GROS	SS RECEIPTS
rules, all of F	airvale would be within	A (independent)	1.0		SERVICE AR	EA OF	FROM S	UBSCRIBERS
the local servic	e area of both stations	B (independent)	1.0	Santa Rosa	Stations A, B	, C, D ,E		\$310,000.00
A and C and al	I of Rapid City and Bo-	C (part-time)	0.083	Rapid City	Stations A an	d C		100,000.00
dega Bay wou	ld be within the local	D (part-time)	0.139	Bodega Bay	Stations A an	d C		70,000.00
service areas o	of stations B, D, and E.	E (network)	<u>0.25</u>	Fairvale	Stations B, D	, and E		120,000.00
		TOTAL DSEs	2.472		TOTAL GRO	SS RECEIPTS		\$600,000.00
Santa Rosa	Stations A and C 35 mile zone	Minimum Fee Total Gross	Receipts		\$600,000.00 <u>x .01064</u> \$6,384.00			
		First Subscriber Group		Second Subso	riber Group		Third Subscriber Group	
	· · · ·	(Santa Rosa)		(Rapid City and	Bodega Bay)		(Fairvale)	
r r	Fairvale	Gross receipts	\$310,000.00	Gross receipts		\$170,000.00	Gross receipts	\$120,000.00
Rapid City		DSEs		DSEs		1.083	DSEs	1.389
		Base rate fee	* -)	Base rate fee		\$1,907.71	Base rate fee	\$1,604.03
	Bodega	\$310,000 x .01064 x 1.0 =		\$170,000 x .010		1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
/ / /	Bay	\$310,000 x .00701 x 1.472 =		\$170,000 x .007	01 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
Station and 35 mile	dE	Total Base Rate Fee: \$6,4 In this example, the cable s				3, line 1 (page	7)	

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			SI	STEM ID#						
1	Mountain Rural Telephone Cooperative 634											
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	Y "O" STATION	S:		0.75							
2	Instructions: In the column headed "Call S	ign": list the call	signs of all distant stations	identified by the	letter "O" in column է							
Computation of DSEs for	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
••••••	WKYT	0.250			0,112 01011							
	WKYT-DT2	0.250										
	WSAZ	0.250										
	TOAL	0.200		•••••••••••••••••••••••••••••••••••••••								
				<mark></mark>								
Add rows as												
necessary.												
Remember to copy all												
formula into new												
rows.												
		II		L								

							DSE SCHEDU	JLE. PAGE 12.
Name		OWNER OF CABLE SYSTEM: Ural Telephone Coop	erative				S	YSTEM ID# 63442
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 be carried out Column 5 give the type- Column 6	st the call sign of all dista 2: For each station, give to correspond with the infor 3: For each station, give to 4: Divide the figure in colu- to at least to the third deci 5: For each independent value as ".25." 5: Multiply the figure in colu-	he number of I rmation given ii he total numbe umn 2 by the fi mal point. This station, give th olumn 4 by the	nours your cable syste n space J. Calculate o er of hours that the sta gure in column 3, and is the "basis of carriag e "type-value" as "1.0. figure in column 5, and	m carried the sta nly one DSE for tion broadcast o give the result ir ge value" for the " For each netwo	ation during the accountir each station. ver the air during the acc n decimals in column 4. T	ounting period. his figure must ucational station, b less than the	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE	F 5. TYPE	-	E
			÷		=	x	=	
					=	×	Ē	
			÷ ÷		=	x x		
			i. i		=	x	=	
			÷		=	x	=	
			÷		=	X	=	
			÷		=	x	=	
	Add the DSEs	S OF CATEGORY LAC S of each station. Im here and in line 2 of p		hedule,		0.00		
4 Computation of DSEs for Substitute- Basis Stations	 Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4: 	ect on October 19, 1976 one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun This is the station's DSE	titution for a pro (as shown by ti ork programs d number of live spond with the s in the calend nn 2 by the figu (For more info	ogram that your syster he letter "P" in column uring that optional car , nonnetwork program information in space l ar year: 365, except in ure in column 3, and gi rmation on rounding, s	n was permitted 7 of space I); ar riage (as shown b ns carried in sub- , a leap year. ve the result in c see page (viii) of	to delete under FCC rule d y the word "Yes" in column stitution for programs that column 4. Round to no les the general instructions i	2 of t were deleted ss than the third	rm).
				BASIS STATION				
	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
				=		+		=
				=				=
				Ē				=
			•	=		+	•	=
		-	-	=		÷	-	=
	Add the DSEs	oF SUBSTITUTE-BAS of each station. Im here and in line 3 of p				0.00)	
5		ER OF DSEs: Give the am s applicable to your system		boxes in parts 2, 3, and	d 4 of this schedu	le and add them to provide	e the total	
Total Number	1. Number o	f DSEs from part 2 ●				•	0.75	
of DSEs	2. Number o	f DSEs from part 3 ●				►	0.00	
	3. Number o	f DSEs from part 4 ●				▶	0.00	
	TOTAL NUMBE	R OF DSEs				}		0.75

DSE SCHEDULE. P/	AGE 13.							ACCOUNTIN	G PERIOD: 2020/
LEGAL NAME OF O' Mountain Rura			e				S	YSTEM ID# 63442	Name
Instructions: Bloc	k A must be comp	leted							
In block A:							0 (40) -f +-	_	6
 If your answer if " schedule. 	Yes," leave the re	mainder of pa	art 6 and part	7 of the DSE sched	ule blank and	complete part	: 8, (page 16) of th	e	0
 If your answer if " 	No," complete blo								Computation o
	- 4 1 11			TELEVISION M			20 miles and manual	-41	3.75 Fee
effect on June 24,	•	utside of all m	ajor and smai	ler markets as defir	nea under sec		C rules and regul	ations in	
Yes—Com	plete part 8 of the	schedule—D	O NOT COMF	LETE THE REMAI	NDER OF PA	RT 6 AND 7.			
X No—Compl	lete blocks B and (C below.							
		PI O(Fe			
Column 1:									
	under FCC rules	and regulatio e DSE Scheo	ns prior to Jur Jule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	on of permittee	d stations, see the	-	
Column 2:			-	sis on which you ca					
BASIS OF PERMITTED		•		elow pertain to thos ket quota rules [76			,)	
CARRIAGE	76.61(b)(c)]	·			, (),		() 0		
			. , .	6.59(d)(1), 76.61(e) 9(c), 76.61(d), 76.65		•	.61(e)(1)		
		•	,, , ,	raph regarding sub	stitution of gra	indfathered sta	ations in the		
	instructions for E Carried pursua		,	CC rules (76.7)					
			•	e or substitute bas	•		ring to $76.61(a)(F)$		
	M Retransmissio		•	ontour, [76.59(d)(5 am.), 70.01(e)(5),	70.03(a) Telei	ning to 76.61(e)(5)	1	
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 o atter "F" in column 2			orksheet on page 1	4 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	
WKYT-DT2 WSAZ	M	0.25							
WSAZ	G	0.25							
								0.50	
		E	BLOCK C: CC	OMPUTATION OF	- 3.75 FEE				
ine 1: Enter the	total number of l	DSEs from p	part 5 of this	schedule					
ine 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve					
ine 3: Subtract I	ine 2 from line 1	This is the	total number	of DSEs subject	to the 3.75 r	ate			
				7 of this schedule		aic.			
ine 4: Enter gro	ss receipts from	space K (pa	ige 7)						Do any of the DSEs represer
							x 0.03	5/5	partially
ine 5: Multiply li	ne 4 by 0.0375 a	nd enter su	m here						permited/ partially
. ,							x		nonpermitted
ine 6: Entor tota	I number of DSE	s from line	3						carriage? If yes, see par
			5						9 instructions
.ine 7: Multiply lii	ne 6 by line 5 an	d enter here	e and on line	2, block 3, space	L (page 7)			0.00	

Mountain Rural Telephone Cooperative 63442								63442	Name
		BLOCK	A: TELEVIS	SION MARKET	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computatio 3.75 Fee

	LEGAL NAME OF OWN	NER OF CABLE SYS	TEM:			SYSTEM ID#				
Name	Mountain Rura	I Telephone Co	operative			63442				
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., the stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entine in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. 									
				-	ME AND SUBSTITUTE BAS					
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF		6. PERMITTED				
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE				
		•••••••••••••••••••••••••••••••••••••••								
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET									
Exclusivity			BEGGICT & MIX de							
Surcharge	• Is any portion of the	cable system within a	a top 100 major television	market as defned by s	ection 76.5 of FCC rules in effe	ect June 24, 1981?				
	Yes—Complete	blocks B and C .		No—Proc	eed to part 8					
	BLOCK B: Ca	arriage of VHF/Grad	le B Contour Stations	E	BLOCK C: Computation of Ex	empt DSEs				
	Is any station listed ir commercial VHF stat or in part, over the ca	h block B of part 6 th ion that places a gra able system?	ne primary stream of a ade B contour, in whole	nity served by t to former FCC	,	art 7 carried in any commu-				
		and proceed to part 8.	ppropriate permitted DSE		each station below with its appro	priate permitted DSE				
	CALL SIGN	DSE (CALL SIGN DSE	CALL SIG	N DSE CALL	SIGN DSE				
		•••••••••••••••••••••••••••••••••••••••								
		+	OTAL DSEs 0.	00	TOTAL	. DSEs 0.00				
				TOTAL						

DSE SCHEDULE. PAGE 14.

DSE SCHEDULE.	PAGE15.
---------------	---------

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Mountain Rural Telephone Cooperative	SYSTEM ID# 63442	Name
		03442	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	897,104.30	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. Xo—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE .	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1) • \$		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) 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 DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD	: 2020/1	DSE SCHED	ULE. PAGE 16.						
Name			SYSTEM ID#						
	I	Mountain Rural Telephone Cooperative	63442						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)							
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	_						
Surcharge		C. Multiply line B by 3.000 and enter here.							
		D. Enter 0.00089 of gross receipts (the amount in section 1)	_						
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge	<u></u>						
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belock. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "loca e area," see page (v) of the general instructions.	w						
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)							
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)							
	Section 3	Section							
		(the amount in section 1) S 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						

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	N
Mour	tain Rural Telephone Cooperative 63442	Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4	······································	8
	A. Enter 0.01064 of gross receipts	o
	(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 5	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) ▶	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here \$	
	G. Add lines A, C, and F. This is your base rate fee	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee 0.00	
IMPOF	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
shall ir	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-	9
•	Space G.	5
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation
	clusion, you must:	of Base Rate Fee
Firet	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
-	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
	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 lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Partially Distant
	er, if your cable system is wholly located outside all major television markets, complete block A only.	Stations, and
How to	o Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
•	: For each community served, determine the local service area of each wholly distant and each partially distant station you	Stations
	to that community.	
-	: 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.)	
Step 3	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
•	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	n section:	
 Ident 	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 of the	
• If:	bers in the group.	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,	
, .	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,	
•	6 of this schedule.	
	he 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 instructions paper SA3 form.	
	bute 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	
	or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show stual calculations on the form.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM ID#
Name	Mountain Rural Telephone Cooperative	63442
	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.	
	· · · · · · · · · · · · · · · · · · ·	

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER Mountain Rural Te						S	YSTEM ID# 63442	Name
В				TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU		
COMMUNITY/ AREA	FIRST SUBSCRIBER GROUP Campton			COMMUNITY/ AREA	9			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				Computation of
				WSAZ	0.25			Base Rate Fee
		-						and Syndicated
								Exclusivity
								Surcharge
		-						for Partially
		-				-		Distant
								Stations
		-				-		
Total DSEs			0.00	Total DSEs0.25_				
Gross Receipts First Group \$ 167,993.45			,993.45	Gross Receipts Second	d Group	<u>\$</u> 1	67,978.35	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	446.82	
		SUBSCRIBER GROU	IP			SUBSCRIBER GROU	Р	
COMMUNITY/ AREA Sandy Hook				COMMUNITY/ AREA	West Lik	perty		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WKYT-DT2	0.25							
		-						
		-						
		-						
		-				-		
						-		
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third Group \$ 178,345.10				Gross Receipts Fourth	Group	\$ 3	82,787.40	
	F	<u> </u>	,		- ·t.	· · · · ·		
Base Rate Fee Third G	roup	\$	474.40	Base Rate Fee Fourth	Group	\$	0.00	
			iber group a	as shown in the boxes ab	ove.]	
Enter here and in block	3, line 1, s	pace L (page 7)				\$	921.22	

LEGAL NAME OF OWNER Mountain Rural Te						SI	/STEM ID# 63442	Name
В				TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUF		
		SUBSCRIBER GROU	JP		9			
COMMUNITY/ AREA	Campto	on		COMMUNITY/ AREA	ourg	J		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Computation of	
	202		202				DSE	Base Rate Fee
								and
						_		Syndicated
								Exclusivity
								Surcharge
						_		for Partially
								Distant
								Stations
						=		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	<u>\$ 167</u>	993.45	Gross Receipts Second	d Group	\$ 16	67,978.35	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second		\$	0.00	
		SUBSCRIBER GROU	JP			SUBSCRIBER GROUP		
COMMUNITY/ AREA	7/ AREA Sandy Hook			COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WKYT	0.25					_		
						-		
						=		
						-		
Total DSEs		0.25	Total DSEs			0.00		
Gross Receipts Third G	roup	<u>\$</u> 178	345.10	Gross Receipts Fourth	Group	<u>\$</u> 38	32,787.40	
Base Rate Fee Third G	roup	\$ 1.	671.99	Base Rate Fee Fourth Group \$ 0.00			0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes at	oove.	\$	1,671.99	
	.,,.	· · - · · · · · · · /				· .	,	

Mountain Rural Telepho	ABLE SYSTEM: ne Cooperative				S	63442		
BLOCK	A: COMPUTATION (OF BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP			
	TH SUBSCRIBER GRO		SIXTH SUBSCRIBER GROUP					
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0					
CALL SIGN DSE	SIGN DSE CALL SIGN DSE			CALL SIGN DSE CALL SIGN DSE				
otal DSEs		0.00	Total DSEs			0.00		
Bross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
SEVEN	TH SUBSCRIBER GRO	OUP		EIGHTH	SUBSCRIBER GROU	JP		
	TH SUBSCRIBER GRO	0 0	COMMUNITY/ ARE/		I SUBSCRIBER GROU	JP 0		
OMMUNITY/ AREA			COMMUNITY/ ARE/ CALL SIGN		I SUBSCRIBER GROU			
OMMUNITY/ AREA		0		A	11	0		
OMMUNITY/ AREA		0		A	11	0		
OMMUNITY/ AREA		0		A	11	0		
OMMUNITY/ AREA		0		A	11	0		
OMMUNITY/ AREA		0		A	11	0		
OMMUNITY/ AREA		0		A	11	0		
OMMUNITY/ AREA		0		A	11	0		
OMMUNITY/ AREA		0		A	11	0		
COMMUNITY/ AREA		0		A	11	0		
COMMUNITY/ AREA		0		A	11	0		
COMMUNITY/ AREA		0		A	11	0		
COMMUNITY/ AREA		0		A	11	0		
CALL SIGN DSE		0		A	11	0		
CALL SIGN DSE		0 DSE	CALL SIGN		11	0 DSE		
CALL SIGN DSE	CALL SIGN	0 DSE	CALL SIGN CALL SIGN Total DSEs		CALL SIGN	0 DSE		
COMMUNITY/ AREA	CALL SIGN	0 DSE	CALL SIGN CALL SIGN Total DSEs	A DSE	CALL SIGN	0 DSE 		

Nam	63442					Cooperative	R OF CABLE	Mountain Rural Te			
				TE FEES FOR EACH				В			
9		SUBSCRIBER GROU	TENTH			NINTH SUBSCRIBER GROUP					
Comput	0		COMMUNITY/ AREA	U	COMMUNITY/ AREA 0						
of	DSE	CALL SIGN	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
Base Rat											
and											
Syndica Exclusi [,]											
Surcha											
for											
Partial											
Distar Statior											
otation											
		4									
	0.00	1			0.00		<u> </u>	otal DSEs			
		Total DSEs 0.00									
	Gross Receipts Second Group \$ 0.00				0.00	\$	oup	Gross Receipts First Gr			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	a se Rate Fee First G			
		\$		Base Rate Fee Secon		\$ SUBSCRIBER GROU	-				
				Base Rate Fee Secon			-	E			
	IP				JP		-	E OMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E OMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E OMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E OMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E OMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E COMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E COMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E COMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E COMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E COMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E COMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E COMMUNITY/ AREA			
	IP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	E COMMUNITY/ AREA CALL SIGN			
	DSE	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA		SUBSCRIBER GROU		E COMMUNITY/ AREA CALL SIGN			
	DSE	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA CALL SIGN	JP 0 DSE 0.00	SUBSCRIBER GROL		COMMUNITY/ AREA			

Nonpermitted 3.75 Stations

	63442						OF CABLE	Mountain Rural Te			
				TE FEES FOR EACH							
	FOURTEENTH SUBSCRIBER GROUP										
,	COMMUNITY/ AREA 0					COMMUNITY/ AREA 0					
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	0.00			Total DSEs	0 00			otal DSEs			
-	0.00	¢	d Group	Gross Receipts Secor	0.00	Total DSEs 0.00 Gross Receipts First Group \$ 0.00					
	0.00	\$	u Group	Gross Receipts Secon	0.00	<u>\$</u>	μh				
	0.00	\$	d Group	Base Rate Fee Secor	0.00	Base Rate Fee First Group \$ 0.00					
	JP	SUBSCRIBER GROU	IXTEENTH	5	JP	FIFTEENTH SUBSCRIBER GROUP					
)	0				•						
				COMMUNITY/ AREA	0			OMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE				
	DSE	CALL SIGN	DSE		1	CALL SIGN	DSE				
	DSE	CALL SIGN	DSE		1	CALL SIGN	DSE				
	DSE	CALL SIGN	DSE		1	CALL SIGN	DSE				
	DSE	CALL SIGN	DSE		1	CALL SIGN	DSE				
	DSE	CALL SIGN	DSE		1	CALL SIGN	DSE				
		CALL SIGN	DSE		1	CALL SIGN	DSE				
	DSE	CALL SIGN	DSE		1	CALL SIGN	DSE				
		CALL SIGN	DSE		1	CALL SIGN	DSE				
	DSE	CALL SIGN	DSE		1	CALL SIGN	DSE				
		CALL SIGN	DSE		1	CALL SIGN	DSE				
		CALL SIGN	DSE		1	CALL SIGN	DSE				
		CALL SIGN	DSE		1	CALL SIGN	DSE				
	DSE	CALL SIGN	DSE		1	CALL SIGN	DSE	CALL SIGN			
-		S		CALL SIGN	DSE	CALL SIGN		CALL SIGN			
-	0.00			CALL SIGN	DSE						

		FORM SA3E. PAGE 20				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mountain Rural Telephone Cooperative	SYSTEM ID# 63442				
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:					
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 First 50 major television market Second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sh your actual calculations on this form. 					
	FIRST SUBSCRIBER GROUP Line 1: Enter the VHF DSEs	SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	SURCHARGE Third Group	SURCHARGE Fourth Group				