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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/26/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting Period		2020/1					
B Owner	rate	Give the full legal name of the owner of the cable system. If the owner is stitle of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner agle statement of account and royalty fee payment covering the entire account check here if this is the system's first filing. If not, enter the system's ID GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM NORTHERN IOWA COMMUNICATIONS PARTNERS	ess of the cable system or on the last day of a counting perioa	em the accounting period should s		63492	
					63492	22020/1	
					63492	2020/1	
		107 S STATE STREET, P.O. BOX 100 TERRIL, IA 51364					
С		TRUCTIONS: In line 1, give any business or trade names used to interest already appear in space B. In line 2, give the mailing address of					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					
D	Inst	ructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page	e 1b	
Area	with	all communities.	1				
Served		CITY OR TOWN	STATE				
First Community	_	TITONKA-BURT	IA	C			
	B	elow is a sample for reporting communities if you report multiple cha CITY OR TOWN (SAMPLE)	STATE	pace G. CH LINE UP	SUF	B GRP#	
	Alda		MD	A A	301	1	
Sample		nnce	MD	В		2	
	Ger	ing	MD	В		3	

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

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

CODM CASE DAGE 45			ACCOUNT	ING PERIOD: 2020/1
CORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
NORTHERN IOWA COMMUNICATIONS PARTNERS			63492	
NORTHERN IOWA COMMUNICATIONS FARTNERS			03432	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	orated communiti t community that t community on a	es within unincorp you list will serve a all future filings.	orated as a form	D Area Served
below the identified city or town.				
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. İ	you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
TITONKA-BURT	IA	Α	1	First
EVERLY	IA	В	2	Community
RUTHVEN	IA	В	3	
ROYAL	IA	В	4	
ARMSTRONG	IA	С	5	
TERRIL	IA	В	6	See instructions for
RINGSTED	IA	С	7	additional information
PALMER	IA	<u>D</u>	8	on alphabetization.
POCAHONTAS	IA	E	9	
PLOVER	IA	E	10	
ROLFE	IA IA	E	11 12	Add rows as necessary.
MALLARD	IA IA	E E	13	
WEST BEND	IA	E	14	
HAVELOCK	IA	E	15	
WHITTEMORE	IA	E	16	
AYRSHIRE - GILLETTE GROVE	IA	F	17	
SWEA CITY	IA	G	18	
ALGONA	IA	Н	19	
GRAETTINGER - WALLINGFORD	IA	В	20	

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

	INSTR	UCTIONS:	1						
B Owner	Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system.								
		re were different owners during the accounting period, only the owner on the last day of the accounting period should submit gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DATA						
	a sin		Filing Period						
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	634						
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):							
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 107 S STATE STREET, P.O. BOX 100 (Number, steet, rual route, apartment, or suite number) TERRIL, IA 51364 (City, Ivons, state, 2io)								
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
	2	MAILING ADDRESS OF CABLE SYSTEM: Normber, street, furth footae, apaintment, or suite inumber) Con. Warn state: "Sec code!							
		[Lify, town; state, .zp code]	_						

	(City, town, state, zip code)					
	BLO	OCK 1		-		
E		NO. OF		Ī		
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Secondary	Residential:					
Transmission	Service to first set	2,338	44.79			
Service: Sub-	Service to additional set(s)					
scribers and	• FM radio (if separate rate)					
Rates	Motel, hotel Commercial					
	Converter			ľ		
	Residential					
	Non-residential			Í		
				j		
						7
	CATEGORY OF SERVICE	RATE	BLOCK 1 CATEGORY OF	SERVICE	RATE	
F	Continuing Services:	IMIL	Installation: No		IVAIL	
	• Pay cable			Motel, hotel		
Services	Pay cable—add'l channel		1	Commercial]
Other Than	Fire protection			Pay cable		
Secondary	*Burglar protection			Pay cable-add'l channe	l .	ļ
ransmissions:	Installation: Residential	20.77		• Fire protection		
Rates	First set Additional set(s)	30.00	Other services	Burglar protection		
	Additional set(s) FM radio (if separate rate)		Outer services	Reconnect	30.00	
	Converter			Disconnect	N/C	1
			1	Outlet relocation	30.00]
				Move to new address	30.00]
	CHANNELS					
М		1) the number of cha	nnala an uhiaki	the cable avatem carri	ind talaujajan brandaast	atations
IVI	Instructions: You must give (to its subscribers and (2) the ca					Stauoris
Channels	to its subscribers and (2) the co	able system s total n	uniber of activa	ated criainiers, during ti	ie accounting period.	
Onamicia	Enter the total number of characters	annels on which the	cable			
	system carried television broa					47
	system carried television broa	aucasi sialions				
	2. Enter the total number of an	tivated abannala				
	Enter the total number of act					
	on which the cable system ca	arried television broa	idcast stations			352
	and nonbroadcast services .					
N	INDIVIDUAL TO BE CONTAC		NFORMATION	I IS NEEDED (Identify	an individual	
Individual to	we can contact about this state	ment of account.)				
Be Contacted						
for Further	Name	JOHN W NO	ΔН		Telephone	712-853-6121
Information	Name	001111 111.110	~···		reiepriorie	712 000 0121
	Address	107 S STATE				
				route, apartment, or suite	number)	
		TERRIL, IA 5				
		(City,	town, state, zip)			
	Email (optional)	jnoah@terril.	com		Fay (ontional)	712-853-6185
	Email (optional)	J.10011@101111.			i ax (optional)	,12 033-0103
	CERTIFICATION (This statemen					
O Certification	Signature Space O – this form w signature by typing "/s/" followed					rget to enter an electronic
			Typed or prir	nted name: JOH	IN W. NOAH	
			Title:	CCO of official position held in o	corporation or partnership)	
			Date:	August 24, 2020		
	1					

U.S. Copyright Office

ОК

Subgroup Gross Receipts Total

\$ 628,355.00

Subgroup		Subgroup/Community Name		Gross Receipts
FIRST	1	TITONKA-BURT	\$	45,255.00
SECOND	2	EVERLY	\$	54,412.00
THIRD	3	RUTHVEN	\$	87,600.00
FOURTH	4	ROYAL	\$	36,036.00
FIFTH	5	ARMSTRONG	\$ \$ \$	56,101.00
SIXTH	6	TERRIL	\$	22,176.00
SEVENTH	7	RINGSTED	\$	32,510.00
EIGHTH	8	PALMER	\$	22,680.00
NINTH	9	POCAHONTAS	\$	23,738.00
TENTH	10	PLOVER	\$ \$ \$ \$	4,946.00
ELEVENTH	11	CURLEW	\$	330.00
TWELVTH	12	ROLFE	\$	17,804.00
THIRTEENTH	13	MALLARD	\$	11,869.00
FOURTEENTH :	14	WEST BEND	\$ \$	52,422.00
FIFTEENTH	15	HAVELOCK	\$	9,891.00
SIXTEENTH	16	WHITTEMORE	\$	21,760.00
SEVENTEENTH	17	AYRSHIRE - GILLETTE GROVE	\$ \$ \$	11,540.00
EIGHTEENTH	18	SWEA CITY	\$	8,343.00
NINTEENTH	19	ALGONA	\$	78,222.00
TWENTIETH	20	GRAETTINGER - WALLINGFORD	\$	30,720.00
TWENTY-FIRST	21			
TWENTY-SECOND 2	22			
TWENTY-THIRD	23			
TWENTY-FOURTH	24			
TWENTY-FIFTH	25			
TWENTY-SIXTH	26			
TWENTY-SEVENTH	27			
TWENTY-EIGHTH	28			
TWENTY-NINTH	29			
THIRTIETH	30			
THIRTY-FIRST	31			
THIRTY-SECOND	32			
THIRTY-THIRD	33			
THIRTY-FOURTH	34			
THIRTY-FIFTH	35			
THIRTY-SIXTH	36			
THIRTY-SEVENTH	37			
THIRTY-EIGHTH	38			
THIRTY-NINTH	39			
FORTIETH	40			

2. B'cast Space G Basis of Channel 3. Type of 1. Call Sign Number Station 6. Location of Station DSE Carriage 11.1 Ε **KDIN** DES MOINES, IA 0.250 KDINDT2 11.2 E-M DES MOINES, IA 0.250 KDINDT3 11.3 E-M DES MOINES, IA 0.250 KDINDT4 11.4 E-M DES MOINES, IA 0.250 **KEYCDT** 12.1 Ν MANKATO, MN 0.250 KEYCDT2 12.2 N-M MANKATO, MN 0.250 **KCCIDT** 8.1 Ν DES MOINES, IA 0.250 KCCIDT2 8.2 N-M DES MOINES, IA 0.250 KCCIDT3 8.3 N-M DES MOINES, IA 0.250 **KIMTDT** 3.1 Ν MASON CITY, IA 0.250 **KCWIDT** 23.1 Ν DES MOINES, IA 0.250 DES MOINES, IA KCWIDT2 23.2 N-M 0.250 KCWIDT3 23.3 N-M DES MOINES, IA 0.250 23.4 KCWIDT4 N-M DES MOINES, IA 0.250 WOIDT 5.1 Ν DES MOINES, IA 0.250 WOIDT2 5.2 N-M DES MOINES, IA 0.250 WOIDT3 5.3 N-M DES MOINES, IA 0.250 WOIDT4 5.4 N-M DES MOINES, IA 0.250 **KDSMDT** 17.1 Ν DES MOINES, IA 0.250 17.2 N-M DES MOINES, IA 0.250 KDSMDT2 KDSMDT3 17.3 N-M DES MOINES, IA 0.250 17.4 KDSMDT4 N-M DES MOINES, IA 0.250 WHODT 13.1 Ν DES MOINES, IA 0.250 DES MOINES, IA 13.2 0.250 WHODT2 N-M

DES MOINES, IA

SIOUX CITY, IA

0.250

0.250

1.000

1.000

1.000

1.000

0.250

0.250

0.250

0.250

0.250

0.250

0.250

0.250

0.250

0.250

0.250

0.250

0.250

0.250

0.250

WHODT3

WHODT4

KDMIDT

KDMIDT3

KFPXDT

KFPXDT3

KTIVDT

KTIVDT2

KTIVDT3

KTIVDT4

KCAUDT

KCAUDT2

KCAUDT3

KCAUDT4

KPTHDT

KPTHDT2 KPTHDT3

KPTHDT4 KMEGDT

KMEGDT2 KMEGDT3 13.3

13.4

19.1

56.3

39.1

39.3

4.1

4.2

4.3

4.4

9.1

9.2

9.3

9.4

44.1

44.2

44.3

44.4

14.1

14.2

14.3

N-M

N-M

1

I-M

1

I-M

Ν

N-M

N-M

N-M

Ν

N-M

N-M

N-M

Ν

N-M

N-M

N-M

Ν

N-M

N-M

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

	•

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

NORTHERN IOWA COMMUNICATIONS PARTNERS

SYSTEM ID#
63492

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	F	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	ı	RATE
Residential:							
 Service to first set 	2,338	\$	44.79	TIER 2 - EXPANDED	328	\$	50.90
 Service to additional set(s) 				TIER 3 - PREMIER	1,846	\$	61.86
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
 Residential 							
Non-residential							
i						•	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1				BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE			CATEGORY	OF SERVICE	R	ATE
Continuing Services:		Installation: Non-residential						
• Pay cable		 Motel, hotel 			нво		\$	17.50
 Pay cable—add'l channel 		Commercial			CINEMAX		\$	14.50
Fire protection		• Pay cable			SHOWTIME		\$	15.00
•Burglar protection		• Pay cable-add'l channel			STARZ		\$	10.00
Installation: Residential		• Fire protection			PLAYBOY		\$	14.00
• First set	\$ 30.00	Burglar protection						
Additional set(s)		Other services:						
• FM radio (if separate rate)		Reconnect	\$	30.00				
Converter		Disconnect		N/C				
		Outlet relocation	\$	30.00				
		Move to new address	\$	30.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on ε substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately: for example WETA-simulcast). **Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 5. BASIS OF 1. CALL 2. B'CAST 3 TYPE . DISTANT? 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) KDIN 11.1 Ε DES MOINES. IA No KDINDT2 11.2 E-M No DES MOINES, IA See instructions for additional information or KDINDT3 11.3 E-M No DES MOINES, IA KDINDT4 11.4 E-M DES MOINES, IA No KCCIDT 8.1 No DES MOINES, IA N KCCIDT2 8.2 N-M DES MOINES, IA No KCCIDT3 8.3 N-M No DES MOINES, IA KIMTDT Ν 3.1 Yes MASON CITY, IA KCWIDT Ν 23.1 No DES MOINES, IA KCWIDT2 N-M DES MOINES, IA 23.2 No KCWIDT3 23.3 N-M No DES MOINES, IA KCWIDT4 23.4 N-M No DES MOINES, IA WOIDT DES MOINES, IA Ν No 5.1 WOIDT2 No DES MOINES, IA 5.2 N-M WOIDT3 5.3 N-M No DES MOINES, IA WOIDT4 N-M DES MOINES, IA 5.4 No DES MOINES, IA **KDSMDT** 17.1 N No KDSMDT2 17.2 N-M No DES MOINES, IA KDSMDT3 17.3 N-M DES MOINES, IA No KDSMDT4 17.4 N-M No DES MOINES, IA DES MOINES, IA WHODT 13.1 Ν No DES MOINES, IA WHODT2 13.2 N-M No DES MOINES, IA WHODT3 13.3 N-M Nο WHODT4 13.4 N-M DES MOINES, IA No DES MOINES, IA **KDMIDT** 19.1 No DES MOINES, IA KDMIDT3 56.3 I-M No **KFPXDT** 39.1 No DES MOINES, IA KFPXDT3 I-M DES MOINES, IA 39.3 No

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

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	В						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
KDIN	11.1	E	yes	E	DES MOINES, IA					
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA					
KDINDT3	11.3	E-M	Yes	E	DES MOINES, IA					
KDINDT4	11.4	E-M	Yes	E	DES MOINES, IA					
KTIVDT	4.1	N	No		SIOUX CITY, IA					
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA					
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA					
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA					
KCAUDT	9.1	N	No		SIOUX CITY, IA					
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA					
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA					
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA					
KPTHDT	44.1	N	No		SIOUX CITY, IA					
KPTHDT2	44.2	N-M	No		SIOUX CITY, IA					
KPTHDT3	44.3	N-M	No		SIOUX CITY, IA					
KPTHDT4	44.4	N-M	No		SIOUX CITY, IA					
KMEGDT	14.1	N	No		SIOUX CITY, IA					
KMEGDT2	14.2	N-M	No		SIOUX CITY, IA					
KMEGDT3	14.3	N	NO		SIOUX CITY, IA					

G

Primary Transmitters: Television

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

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form.

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP C										
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
KDIN	11.1	Е	Yes	E	DES MOINES, IA					
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA					
KDINDT3	11.3	Е-М	Yes	Е	DES MOINES, IA					
KDINDT4	11.4	E-M	Yes	E	DES MOINES, IA					
KEYCDT	12.1	N	Yes	0	MANKATO, MN					
KTIVDT	4.1	N	No		SIOUX CITY, IA					
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA					
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA					
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA					
KCAUDT	9.1	N	No		SIOUX CITY, IA					
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA					
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA					
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA					
KPTHDT	44.1	N	No		SIOUX CITY, IA					
KPTHDT2	44.2	N-M	No		SIOUX CITY, IA					
KPTHDT3	44.3	N-M	No		SIOUX CITY, IA					
KPTHDT4	44.4	N-M	No		SIOUX CITY, IA					
KMEGDT	14.1	N	No		SIOUX CITY, IA					
KMEGDT2	14.2	N-M	No		SIOUX CITY, IA					
KMEGDT3	14.3	N-M	No		SIOUX CITY, IA					

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CARLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by th FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP D 6. LOCATION OF STATION 1. CALL 2 B'CAST 3. TYPE 4 DISTANT? 5. BASIS OF SIGN CHANNEL OF (Yes or No CARRIAGE (If Distant) NUMBER STATION **KDIN** 11.1 Е No DES MOINES, IA DES MOINES, IA KDINDT2 11.2 E-M No KDINDT3 E-M DES MOINES. IA 11.3 Nο KDINDT4 11.4 E-M No DES MOINES, IA KCCIDT 8.1 Ν No DES MOINES, IA KCCIDT2 8.2 N-M No DES MOINES, IA KCCIDT3 8.3 N-M No DES MOINES, IA KCWIDT 23.1 Ν No DES MOINES, IA KCWIDT2 23.2 N-M No DES MOINES, IA KCWIDT3 No DES MOINES, IA 23.3 N-M KCWIDT4 N-M No 23.4 DES MOINES, IA WOIDT 5.1 Ν No DES MOINES, IA WOIDT2 N-M No DES MOINES, IA 5.2 WOIDT3 5.3 N-M No DES MOINES, IA WOIDT4 5.4 No DES MOINES, IA N-M **KDSMDT** 17.1 N No DES MOINES, IA KDSMDT2 N-M No DES MOINES, IA 17.2 KDSMDT3 17.3 N-M No DES MOINES, IA KDSMDT4 17.4 N-M No DES MOINES, IA WHODT DES MOINES, IA 13.1 No Ν WHODT2 13.2 N-M Νo DES MOINES, IA DES MOINES, IA WHODT3 13.3 N₋M Nο WHODT4 13.4 N-M No DES MOINES, IA **KDMIDT** 19.1 No DES MOINES, IA п KDMIDT3 56.3 I-M No DES MOINES, IA **KFPXDT** 39.1 DES MOINES, IA No No KFPXDT3 39.3 I-M DES MOINES. IA KTIVDT 0 SIOUX CITY, IA 4.1 N Yes KTIVDT2 4.2 N-M Yes 0 SIOUX CITY, IA KTIVDT3 N-M 0 SIOUX CITY, IA 4.3 Yes KTIVDT4 4.4 N-M 0 SIOUX CITY, IA Yes

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CARLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by th FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 6. LOCATION OF STATION 1. CALL 2 B'CAST 3. TYPE 4 DISTANT? 5. BASIS OF SIGN CHANNEL OF (Yes or No CARRIAGE (If Distant) NUMBER STATION **KDIN** 11.1 Е No DES MOINES, IA DES MOINES, IA KDINDT2 11.2 E-M No KDINDT3 E-M DES MOINES. IA 11.3 Nο KDINDT4 11.4 E-M No DES MOINES, IA KCCIDT 8.1 Ν No DES MOINES, IA KCCIDT2 8.2 N-M No DES MOINES, IA KCCIDT3 8.3 N-M No DES MOINES, IA KCWIDT 23.1 Ν No DES MOINES, IA KCWIDT2 23.2 N-M No DES MOINES, IA KCWIDT3 No DES MOINES, IA 23.3 N-M KCWIDT4 N-M No 23.4 DES MOINES, IA WOIDT 5.1 Ν No DES MOINES, IA WOIDT2 N-M No DES MOINES, IA 5.2 WOIDT3 5.3 N-M No DES MOINES, IA WOIDT4 5.4 No DES MOINES, IA N-M **KDSMDT** 17.1 N No DES MOINES, IA KDSMDT2 N-M No DES MOINES, IA 17.2 KDSMDT3 17.3 N-M No DES MOINES, IA KDSMDT4 17.4 N-M No DES MOINES, IA WHODT DES MOINES, IA 13.1 No Ν WHODT2 13.2 N-M Νo DES MOINES, IA DES MOINES, IA WHODT3 13.3 N₋M Nο WHODT4 13.4 N-M No DES MOINES, IA **KDMIDT** 19.1 No DES MOINES, IA п KDMIDT3 56.3 I-M No DES MOINES, IA **KFPXDT** 39.1 DES MOINES, IA No No KFPXDT3 39.3 I-M DES MOINES. IA KTIVDT 0 SIOUX CITY, IA 4.1 N Yes KTIVDT2 4.2 N-M Yes 0 SIOUX CITY, IA KTIVDT3 N-M 0 SIOUX CITY, IA 4.3 Yes KTIVDT4 4.4 N-M 0 SIOUX CITY, IA Yes

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **NORTHERN IOWA COMMUNICATIONS PARTNERS** 63492 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP F 2. B'CAST 3. TYPE BASIS OF 1. CALL 4 DISTANT? 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) **KDIN** Ε **DES MOINES, IA** 11.1 Ε Yes KDINDT2 Ε 11.2 E-M Yes DES MOINES. IA DES MOINES, IA KDINDT3 11.3 E-M Yes Ε KDINDT4 11.4 E-M Ε Yes DES MOINES, IA WHODT 0 13.1 Ν Yes **DES MOINES, IA** 13.2 WHODT2 N-M Yes 0 DES MOINES, IA WHODT3 13.3 N-M Yes 0 DES MOINES, IA WHODT4 13.4 N-M Yes 0 DES MOINES, IA **KTIVDT** 4.1 N No SIOUX CITY, IA KTIVDT2 4.2 N-M No SIOUX CITY, IA KTIVDT3 4.3 N-M No SIOUX CITY, IA KTIVDT4 4.4 N-M No SIOUX CITY, IA **KCAUDT** No SIOUX CITY, IA 9.1 Ν KCAUDT2 9.2 N-M No SIOUX CITY, IA SIOUX CITY, IA KCAUDT3 9.3 N-M No KCAUDT4 9.4 N-M No SIOUX CITY, IA **KPTHDT** 44.1 No SIOUX CITY, IA Ν **KPTHDT2** 44.2 N-M No SIOUX CITY, IA **KPTHDT3** N-M SIOUX CITY, IA 44.3 No **KPTHDT4** 44.4 N-M SIOUX CITY, IA No SIOUX CITY, IA **KMEGDT** 14.1 N No

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

14.2

14.3

KMEGDT2

KMEGDT3

N-M

N-M

No

No

SIOUX CITY, IA

SIOUX CITY, IA

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multiast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). or the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP G 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER (If Distant) STATION KDIN DES MOINES, IA 11.1 Ε No KDINDT2 11.2 No DES MOINES, IA E-M KDINDT3 11.3 E-M No DES MOINES, IA KDINDT4 11.4 E-M No DES MOINES, IA KCCIDT 8.1 N No DES MOINES, IA KCCIDT2 8.2 N-M No DES MOINES, IA KCCIDT3 **DES MOINES, IA** 8.3 N-M No KIMTDT 3.1 Ν Yes 0 MASON CITY, IA KCWIDT 23.1 Ν No DES MOINES, IA KCWIDT2 23.2 N-M No DES MOINES, IA KCWIDT3 23.3 N-M No DES MOINES, IA KCWIDT4 DES MOINES, IA 23.4 N-M No WOIDT No DES MOINES, IA 5.1 N WOIDT2 5.2 N-M No DES MOINES, IA

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

DES MOINES, IA

DES MOINES, IA DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA DES MOINES, IA

DES MOINES, IA

WOIDT3

WOIDT4

KDSMDT

KDSMDT2

KDSMDT3

KDSMDT4

WHODT

WHODT2

WHODT3

WHODT4

KDMIDT

KDMIDT3

KFPXDT

KFPXDT3

5.3

5.4

17.1

17.2

17.3

17 <u>4</u>

13.1

13.2

13.3

13.4

19.1

56.3

39.1

39.3

N-M

N-M

Ν

N-M

N-M

N-M

Ν

N-M

N-M

N-M

ī

I-M

п

I-M

No

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multiast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). or the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP H 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER (If Distant) STATION KDIN DES MOINES, IA 11.1 Ε No 11.2 KDINDT2 No DES MOINES, IA E-M KDINDT3 11.3 E-M No DES MOINES, IA KDINDT4 11.4 E-M No DES MOINES, IA KEYCDT 12.1 Ν Yes 0 MANKATO, MN KEYCDT2 12.2 N-M Yes 0 MANKATO, MN KCCIDT 8.1 Ν No DES MOINES, IA 8.2 KCCIDT2 N-M No DES MOINES, IA KCCIDT3 8.3 N-M No DES MOINES, IA KCWIDT 23.1 Ν No DES MOINES, IA KCWIDT2 23.2 N-M No DES MOINES, IA DES MOINES, IA KCWIDT3 23.3 N-M No KCWIDT4 23.4 N-M No DES MOINES, IA WOIDT 5.1 Ν No DES MOINES, IA WOIDT2 5.2 N-M No DES MOINES, IA WOIDT3 5.3 N-M No DES MOINES, IA

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

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

WOIDT4

KDSMDT

KDSMDT2

KDSMDT3

KDSMDT4

WHODT

WHODT2

WHODT3

WHODT4

KDMIDT

KDMIDT3

KFPXDT

KFPXDT3

5.4

17.1

17.2

17.3

17.4

13.1

13.2

13.3

13.4

19.1

56.3

39.1

39.3

N-M

Ν

N-M

N-M

N-M

Ν

N-M

N-M

N-M

I-M

I-M

No

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION **KLGA FM** ALGONA, IA KICD SPENCER, IA FΜ **KILR** ESTHERVILLE, IA FΜ

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2020/1
LEGAL NAME OF OWNER OF							S	YSTEM ID#	Name
NORTHERN IOWA CO	MMUNICA	TIONS PAR	RTNERS					63492	
SUBSTITUTE CARRIAGE In General: In space I, ident					n that your	ooblo o	watom c	parried on a	ı
substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or a	uthoriza	átions. F	or a further	Substitute
1. SPECIAL STATEMENT				J				-	Carriage:
During the accounting per broadcast by a distant state		r cable system	ı carry, on a substitute basi	s, any nonnet	twork telev		rogram Yes	XNo	Special Statement and Program Log
Note: If your answer is "No	", leave the	rest of this paç	ge blank. If your answer is "	Yes," you mu	ıst comple	te the p	orogram	1	Flogram Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 given Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a gram was substituted for present the state of the state	titute progra ace, please a of every nor distant stati gulations, o tion. Do nor Lucy" or "NB n was broad sign of the s adcast statio addian statio ath and day we "5/7." es when the Example: a er "R" if the and regulatio orgramming	am on a separa attach additional network televition and that your authorizational truse general of the separation of the	al pages. rision program (substitute proper cable system substitute proper cable system substitute proper categories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Neasting the substitute programe community to which the community with which the stem carried the substitute program was carried by your cled by a system from 6:01:10 was substituted for programing the accounting period;	rogram) that, d for the progeral instructio "basketball". o." m. station is licenstation is idenorogram. Use cable system. 5 p.m. to 6:2	during the ramming ons located List specinsed by the hitified). numerals List the till 8:30 p.m. our system ter "P" if the	e account anoth the program of the account another the account and account another the account and account another the account ano	nting ner statio paper gram or, in ne monti curately be equired	h ,	
effect on October 19, 1976.					EN SUBS			7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OC 6.	CURRE TIMES		FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM		TO		
						_			
						_			

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

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Nome			
NO	RTHERN IOWA COMMUNICATIONS PARTNERS			63492	Name			
Inst all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's seco identified in space E) during the accounting period. For a further explanation of how to ce (vii) of the general instructions.	ndary tr	ansmissio	n service	K Gross Receipts			
IMP	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	-	\$ (Amount of g	628,355.00 ross receipts)				
ConConIf your feeIf you	/RIGHT ROYALTY FEE Ictions : Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. It bour system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. It bour system did carry any distant television stations, you must complete the applicable particularly form and attach the schedule to your statement of account.				Copyright Royalty Fee			
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 8×3 below.							
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ elow.	entered	on line 2 i	n block				
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shot block 4 below.	uld be e	ntered on	line				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.			of the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		Ψ	628,355.00				
	This is your minimum fee.	\$		6,685.70				
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period	nn 4, you od?	u must che	eck				
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	-	\$	2,677.48				
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	-						
	Line 3. Add lines 1 and 2 and enter here	\$		2,677.48				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	-	\$	6,685.70	Cable systems submitting additional			
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)							
	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							
	EFT Trace # or TRANSACTION ID # 26PPC5F5							
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Single general instructions located in the paper SA3 form and the Excel instructions to							

Name	LEGAL NAME OF OWNER OF	CABLE S	STEM:	S	YSTEM ID#						
Name	NORTHERN IOWA	СОММ	JNICATIONS PARTNERS		63492						
	CHANNELS										
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations										
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Channels											
	1. Enter the total number of channels on which the cable system carried television broadcast stations										
	byotom oamou tolovi	iololi bi	addat dations								
	2. Enter the total numl	ber of a	tivated channels								
	on which the cable s	system (arried television broadcast stations	352							
	and nonbroadcast se	ervices									
N Individual to											
Be Contacted	Nama IOHN W	, NO	u	Telephone 712-853-6121							
for Further Information	Name JOHN W	/. NO/	П	Telephone /12-853-6121							
	Address 107 S STATE STREET, P.O. BOX 100 (Number, street, rural route, apartment, or suite number)										
	TERRIL,	. IA 5	364								
	(City, town, sta										
	Email	jnoah	Dterril.com Fax (optional	712-853-6185							
	OFFICATION (This	-4-4		all Office and all the second of the second							
0	CERTIFICATION (TIIIS	Statem	nt of account must be certifed and signed in accordance with Copyri	gni Onice regulations.							
Certifcation	I the undersigned here	reby cei	ify that (Check one, <i>but only one</i> , of the boxes.)								
	i, the analognou, not		, s.a. (e. 155), 5a. 6								
	(Owner other than	corpora	tion or partnership) I am the owner of the cable system as identifed in	line 1 of space B; or							
			corporation or partnership) I am the duly authorized agent of the own hat the owner is not a corporation or partnership; or	ner of the cable system as identified							
	in line i oi space	e b anu	That the owner is not a corporation or partnership, or								
	(Officer or partner in line 1 of space	•	officer (if a corporation) or a partner (if a partnership) of the legal entity	identifed as owner of the cable syste	em						
	iii iiile i oi spaci	е Б.									
		d correct	of account and hereby declare under penalty of law that all statements to the best of my knowledge, information, and belief, and are made in go								
		X	/s/ John W. Noah								
	-	Enter an	electronic signature on the line above using an "/s/" signature to certify this	statement							
	((e.g., /s/	John Smith). Before entering the first forward slash of the /s/ signature, pla on, then type /s/ and your name. Pressing the "F" button will avoid enablin	ce your cursor in the box and press th	е						
	-	Typed	r printed name: JOHN W. NOAH								
		Title:	CCO (Title of official position held in corporation or partnership)								
	ı	Date:	August 24, 2020								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
NORTHERN IOWA COMMUNICATIONS PARTNERS	63492	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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for t service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary	the basic include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form.		Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary tra made by satellite carriers to satellite dish owners? X NO	nsmissions	
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un 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	days	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assis contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	tance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright C please list below the owner, address, first community served, accounting period, and ID number as given in filing.		
Owner Address		
First community served Accounting period ID number		

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

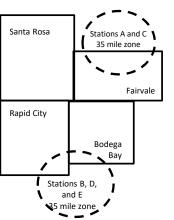
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	YSTEM ID#					
	NORTHERN IOWA COM	IMUNICATION	NS PARTNERS			63492					
	SUM OF DSEs OF CATEGOR	RY "O" STATION	NS:								
	 Add the DSEs of each station 										
	Enter the sum here and in line	1 of part 5 of this	s schedule.		2.75						
2	Instructions:										
2	In the column headed "Call sof space G (page 3).	Sign": list the cal	ll signs of all distant stations	s identified by the	e letter "O" in column 5						
Computation	In the column headed "DSE"	": for each indepe	endent station, give the DSI	E as "1.0"; for e	ach network or noncom-						
of DSEs for		ercial educational station, give the DSE as ".25."									
Category "O"			CATEGORY "O" STATION		II OALLOION I DOE						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KIMTDT	0.250									
	KTIVDT	0.250									
	KTIVDT2 KTIVDT3	0.250									
	KTIVDT4	0.250									
Add rows as	KEYCDT	0.250									
necessary.	KEYCDT2	0.250 0.250									
Remember to copy	WHODT	0.250									
all formula into new	WHODT2	0.250									
rows.	WHODT3	0.250									
	WHODT4	0.250									
		00		<u> </u>							
				<u>.</u>							
				<u> </u>							
	I	.L		<u> </u>		L					

Name		ER OF CABLE SYSTEM: NA COMMUNICA	TIONS PARTNE	RS			S	63492
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: For figure should correct Column 3: For Column 4: Direct Direc	e call sign of all dista or each station, give the espond with the infortor each station, give the vide the figure in columnate to the third deciror each independent to e as ".25."	he number of hours mation given in spa he total number of umn 2 by the figure mal point. This is th station, give the "typolumn 4 by the figurn 4 by the figurn	s your cable syster to go and cable system of the stati in column 3, and go are "basis of carriago be-value" as "1.0."	n carried the sta ly one DSE for e on broadcast ov give the result in e value" for the s For each netwo give the result in	tion during the accountine each station. Fer the air during the accordecimals in column 4. Ti	ounting period. his figure must ucational station,	
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R 3. N JRS C ED BY S	IUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		SE.
			÷	=	:	x	=	
			÷			x x	=	
						x	<u>-</u>	
			÷			x	=	
			÷			<u>x</u>	=	
			÷ ÷			x x	=	
	Add the DSEs of ea	CATEGORY LAC S ach station. ere and in line 2 of p		le,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect o Broadcast one of space I). Column 2: For at your option. This Column 3: Ente Column 4: Divide	your system in subst n October 19, 1976 (or more live, nonnetw each station give the s figure should correser the number of days de the figure in colum	itution for a prograr as shown by the le ork programs during number of live, no spond with the infor s in the calendar ye nn 2 by the figure in	n that your system tter "P" in column in that optional carri nnetwork programs mation in space I. ar: 365, except in column 3, and give	was permitted to rot space I); and age (as shown by as carried in substance the result in co	rograms) if that station: o delete under FCC rule d the word "Yes" in column titution for programs that blumn 4. Round to no les the general instructions in	2 of t were deleted es than the third	rm).
		SU	BSTITUTE-BAS	SIS STATIONS	S: COMPUTA	ATION OF DSEs	1	1
	SIGN	NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
				=				=
						-	-	=
		-		=		-	÷	=
		.		=		-	- 	=
	Add the DSEs of ea	SUBSTITUTE-BAS ach station. ere and in line 3 of p		le,	▶	0.00		
5 Total Number of DSEs		plicable to your syster Es from part 2 ●		s in parts 2, 3, and	4 of this schedule	e and add them to provide	2.75 0.00	
	3. Number of DS	Es from part 4 ●				-	0.00	
	TOTAL NUMBER O	F DSEs				•	•	2.75

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

NORTHERN IC			S PARTNER	RS			S	YSTEM ID# 63492	Mana
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p	below.			nd complete pa	art 8, (page 16) of	the	6
				ELEVISION M					Computation of 3.75 Fee
No—Comp	1981? uplete part 8 of the blete blocks B and List the call signs	schedule—[C below. BLOC of distant st	DO NOT COM	PLETE THE REM. IAGE OF PERI part 2, 3, and 4 o	AINDER OF F	PART 6 AND 7 BEs e that your sys	tem was permitte	d to carry	
under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.) Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(d) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d) D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 198′ G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5) M Retransmission of a distant multicast stream.									
Column 3:		stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
			. <mark></mark>						<u> </u>
								0.00	
		В	LOCK C: CO	MPUTATION O	F 3.75 FEE				-
Line 1: Enter the							1		
Line 2: Enter the	·				-4.4- // 0.7-		1		
Line 3: Subtract (If zero, I	line 2 from line 1 eave lines 4–7 b			•		rate.			
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	um here				<u>x</u>		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSI	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS 63492										
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (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 station's 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 entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.											
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ED (ON A PART-TIME AN	ID SUBSTI	TUTE BASIS				
	1. CALL		-			4. BASIS OF			6. P			
	SIGN	DSE	P	ERIOD		CARRIAGE		OSE		DSE		
7	Instructions: Block A	A must be con	npleted.	<u> </u>								
Computation	1		ete blocks B and C									
of the	If your answer is	"No," leave b			•	t 8 of the DSE schedu						
Syndicated			BLOCI	K A: MAJOR	TE	LEVISION MARKI	ET					
Exclusivity Surcharge	• Is any portion of the o	cable system v	vithin a top 100 maio	or television mark	ket a	as defned by section 7	6.5 of FCC	rules in effect J	lune 24.	1981?		
	Yes—Complete	•				No—Proceed to						
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	npt DSEs	3		
	Is any station listed in commercial VHF stati or in part, over the ca	on that places			r	Was any station listed nity served by the cab o former FCC rule 76.	le system p					
	Yes—List each s X No—Enter zero a		th its appropriate per part 8.	mitted DSE		Yes—List each sta X No—Enter zero ar			ate permi	tted DSE		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	s _N	DSE		
	JALL GIGIN	DOL	JALL OIGH	DOL		SALE OIGIN	DOL	OALL SIG		DOL		
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	628,355.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 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.	25	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	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		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	I	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492
Computation of the Syndicated	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)	
Exclusivity 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.	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	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 p checked "Yes," use the total number of DSEs from part 5. bck 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 be	art
	_	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS 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	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	
		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 NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
NORTHERN IOWA COMMUNICATIONS PARTNERS	63492	
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4 A. Enter 0.01064 of gross receipts		8
(the amount in section 1)		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) \$		of
C. Multiply line B by 3.000 and enter here		Base Rate Fee
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	
Dase Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	•	
instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chann Space G.	el line-ups in	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take a exclusion, you must:	dvantage of this	of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant t	to the same	and
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine	the number of	Syndicated Exclusivity
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee fo Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	r each group.	Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in	part 7, you must	for Partially
also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bif your cable system is wholly located outside all major television markets, complete block A only.	elow. However,	Distant
How to Identify a Subscriber Group for Partially Distant Stations		Stations, and for Partially
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant sta	ation you	Permitted Stations
carried to that community.		Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were lead to utside the station's local service area. A subscriber located outside the local service area of a station is distant to that station the same 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.		
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	iat a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys groups.	stem's subscriber	
In each section:		
Identify the communities/areas represented by each subscriber group.		
 Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a subscribers in the group. 	ll of the	
• If:	in norto 2, 2	
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it and 4 of this schedule; or,	ni parts ∠, 3,	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in part 6 of this schedule.	plock B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in the paper SA3 form.	instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the		
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not necessarily actual calculations on the form.		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS 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.

BI		INICATIONS PAI	RTNERS				492 63492	Name
	OCK A: 0	COMPUTATION O	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	TITONK	A-BURT		COMMUNITY/ AREA	EVERL	Υ		9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KIMTDT	0.25							Base Rate
								and
								Syndicat
								Exclusiv
								Surchar
								for
								Partially
								Distant
								Stations
	 					11	0.00	
otal DSEs			0.25	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 45	5,255.00	Gross Receipts Seco	ond Group	\$	54,412.00	
Base Rate Fee First Gr	oup	\$	120.38	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	RUTHV	EN		COMMUNITY/ AREA	ROYAL			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup	\$ 87	7,600.00	Gross Receipts Four	th Group	\$	36,036.00	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP	ORTHERN IOWA		LE SYSTEM: JNICATIONS PA	ARTNERS				63492
CALL SIGN DSE CA	В				TE FEES FOR EAC			
CALL SIGN DSE CA				OUP			SUBSCRIBER GRO	UP
	DMMUNITY/ AREA	ARMST	RONG		COMMUNITY/ ARE	A TERRIL		
Total DSEs Total DSEs Total DSEs Gross Receipts First Group SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA RINGSTED CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KTIVDT 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN	EYCDT	0.25						
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP CALL SIGN DSE KTIVDT CALL SIGN KTIVDT2 CALL SIGN KTIVDT3 CALL SIGN								
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP CALL SIGN DSE KTIVDT CALL SIGN KTIVDT2 CALL SIGN KTIVDT3 CALL SIGN								
Fross Receipts First Group SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN CALL SIG								
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP CALL SIGN DSE KTIVDT CALL SIGN KTIVDT2 CALL SIGN KTIVDT3 CALL SIGN								
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP CALL SIGN DSE KTIVDT CALL SIGN KTIVDT2 D.25 KTIVDT3 D.25 KTIVDT3 D.25 KTIVDT3 D.25 KTIVDT3 D.25 KTIVDT3 D.25 KTIVDT3 D.25 CALL SIGN DSE KTIVDT3 D.25 KTIVDT3 D.25 CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN								
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN								
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP MMUNITY/ AREA RINGSTED COMMUNITY/ AREA PALMER CALL SIGN DSE CA								
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP MMUNITY/ AREA RINGSTED ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KTIVDT D.25 KTIVDT2 C.25 KTIVDT3 C.25 KTIVDT3 C.25 KTIVDT3 C.25 KTIVDT3 C.25 C.21,176.00 \$ 22,176.00 \$ 22,176.00 \$ 0.00 \$ 22,176.00 \$ 0.00 \$ 149.23 \$ 0.00 \$ 0.00		<u></u>	=				-	
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP MMUNITY/ AREA RINGSTED ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KTIVDT D.25 KTIVDT2 C.25 KTIVDT3 C.25 KTIVDT3 C.25 KTIVDT3 C.25 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KTIVDT3 C.25 C.21 C.21 C.21 C.22 C.22 C.22 C.22 C.22								
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP MMUNITY/ AREA RINGSTED COMMUNITY/ AREA PALMER CALL SIGN DSE CA			-					
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP MMUNITY/ AREA RINGSTED ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KTIVDT D.25 KTIVDT2 C.25 KTIVDT3 C.25 KTIVDT3 C.25 KTIVDT3 C.25 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KTIVDT3 C.25 C.21 C.21 C.21 C.22 C.22 C.22 C.22 C.22			=					
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN								
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SALL SIGN DSE CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN CALL S			•				•	
se Rate Fee First Group SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP MMUNITY/ AREA RINGSTED COMMUNITY/ AREA PALMER ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KTIVDT COMMUNITY CALL SIGN DSE KTIVDT2 CO25 KTIVDT3 C22,176.00 \$ 22,176.00 \$ 0.00								
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP MMUNITY/ AREA RINGSTED COMMUNITY/ AREA PALMER ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE YCDT 0.25 KTIVDT2 0.25 KTIVDT3 0	al DSEs			0.25	Total DSEs			0.00
SEVENTH SUBSCRIBER GROUP MMUNITY/ AREA RINGSTED COMMUNITY/ AREA PALMER ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE YCDT 0.25 KTIVDT2 0.25 KTIVDT3 0	ss Receipts First G	roup	\$ 5	6,101.00	Gross Receipts Sec	ond Group	\$	22,176.00
SEVENTH SUBSCRIBER GROUP MMUNITY/ AREA RINGSTED COMMUNITY/ AREA PALMER ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE YCDT 0.25 KTIVDT 0.25 KTIVDT2 0.25 KTIVDT3 0								
MMUNITY/ AREA RINGSTED COMMUNITY/ AREA PALMER ALL SIGN DSE CALL SIGN D	se Rate Fee First G	roup	\$	149.23	Base Rate Fee Sec	ond Group	\$	0.00
ALL SIGN DSE CALL SIGN DSE CAL	;	SEVENTH	SUBSCRIBER GRO	OUP		EIGHTH	SUBSCRIBER GRO	UP
	MMUNITY/ AREA	RINGS	ΓED		COMMUNITY/ ARE	A PALMER	t	
EYCDT 0.25 KTIVDT 0.25 KTIVDT2 0.25 KTIVDT3 0.25 KTIVDT3 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
KTIVDT2								
KTIVDT3 0.25					1	0.25	-	
			-					
		<u></u>				0.25		
			-					
			=					
			-			-	-	
al DSEs 0.25 Total DSEs 1.00	al DSEs			0.25	Total DSEs			1.00
oss Receipts Third Group \$ 32,510.00 Gross Receipts Fourth Group \$ 22,680.00	oss Receipts Third (Group	\$ 3	2,510.00	Gross Receipts Fou	ırth Group	\$	22,680.00
	•	•				•		<u> </u>
								_
ase Rate Fee Third Group \$ 86.48 Base Rate Fee Fourth Group \$ 241.32	ise Rate Fee Third C	Group	\$	86.48	Base Rate Fee Fou	rth Group	\$	241.32

							63492
В	LOCK A: C	OMPUTATION C	F BASE RA	ATE FEES FOR EA	CH SUBSCRII	BER GROUP	
	NINTH S	SUBSCRIBER GRO	OUP		TENTH:	SUBSCRIBER GRO	UP
COMMUNITY/ AREA	POCAH	ONTAS		COMMUNITY/ ARE	EA PLOVER		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
KTIVDT	0.25			KTIVDT	0.25		
KTIVDT2	0.25			KTIVDT2	0.25		
KTIVDT3	0.25			KTIVDT3	0.25		
KTIVDT4	0.25			KTIVDT4	0.25		
	<u> </u>						
otal DSEs			1.00	Total DSEs			1.00
ross Receipts First C	iroup	\$ 23	3,738.00	Gross Receipts Se	cond Group	\$	4,946.00
	i	·					
		\$ SUBSCRIBER GRO	252.57	Base Rate Fee Se	•	\$ SUBSCRIBER GRO	52.63
Base Rate Fee First G E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO		Base Rate Fee Se	TWELVTH	\$ SUBSCRIBER GRO	
E OMMUNITY/ AREA	CURLE	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI	TWELVTH :	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA CALL SIGN	CURLENTH S	SUBSCRIBER GRO		COMMUNITY/ ARI	TWELVTH : EA ROLFE DSE		
E OMMUNITY/ AREA CALL SIGN (TIVDT	CURLEN DSE 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT	TWELVTH SEA ROLFE DSE 0.25	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2	DSE 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2	TWELVTH : EA ROLFE DSE	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA CALL SIGN TIVDT TIVDT2 TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA CALL SIGN TIVDT TIVDT2 TIVDT3	DSE 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2	TWELVTH : EA ROLFE DSE 0.25 0.25	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA CALL SIGN TIVDT TIVDT2 TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA CALL SIGN TIVDT TIVDT2 TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
EOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
ECOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
E	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
ECOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA CALL SIGN TIVDT TIVDT2 TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA CALL SIGN TIVDT TIVDT2 TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
CALL SIGN TIVDT TIVDT2 TIVDT3 TIVDT4	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	OUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP
CALL SIGN (TIVDT (TIVDT3 (TIVDT4	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP DSE 1.00	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT3 KTIVDT4 Total DSEs	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	CALL SIGN	DUP DSE 1.00
EOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARI CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	TWELVTH: EA ROLFE DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DSE

THIRTEENTH S COMMUNITY/ AREA MALLAR CALL SIGN DSE KTIVDT 0.25 KTIVDT3 0.25 KTIVDT4 0.25 KTIVDT4 0.25 Total DSEs Gross Receipts First Group FIFTEENTH S COMMUNITY/ AREA CALL SIGN DSE KTIVDT 0.25 KTIVDT 0.25 CALL SIGN DSE KTIVDT 0.25 KTIVDT 0.25 CALL SIGN DSE KTIVDT 0.25 KTIVDT 0.25	CALL SIGN CALL SIGN 111,	1.00 .869.00	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT3 KTIVDT4 Total DSEs Gross Receipts Sec	DSE 0.25 0.25 0.25 0.25 0.26 0.27 0.27 0.27 0.27 0.27 0.27 0.27 0.27	SUBSCRIBER GRO	1.00 52,422.00	Comput of Base Ra and Syndic Exclus Surcha for Partia
THIRTEENTH S COMMUNITY/ AREA MALLAR CALL SIGN DSE KTIVDT 0.25 KTIVDT3 0.25 KTIVDT4 0.25 KTIVDT4 0.25 Total DSEs Gross Receipts First Group FIFTEENTH S COMMUNITY/ AREA CALL SIGN DSE KTIVDT 0.25 KTIVDT 0.25 CALL SIGN DSE KTIVDT 0.25 KTIVDT 0.25 CALL SIGN DSE KTIVDT 0.25 KTIVDT 0.25	CALL SIGN CALL SIGN 111,	1.00 .869.00	CALL SIGN KTIVDT KTIVDT3 KTIVDT4 Total DSEs Gross Receipts Sec	DSE 0.25 0.25 0.25 0.25 0.26 0.27 0.27 0.27 0.27 0.27 0.27 0.27 0.27	CALL SIGN Subscriber Gro END CALL SIGN	1.00 52,422.00	of Base Rat and Syndica Exclusi Surcha for Partia Dista
CALL SIGN CTIVDT O.25 CTIVDT2 O.25 CTIVDT3 O.25 CTIVDT4 O.25 CTIVDT7 O	CALL SIGN SUBSCRIBER GROU	1.00 .869.00 126.29	CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 Total DSEs Gross Receipts Sec	DSE	CALL SIGN S S	1.00 52,422.00 557.77	Computa of Base Rat and Syndica Exclusi Surcha for Partia Dista
CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25 CTIVDT4 0.25 CTIVDT4 0.25 Could DSEs Cross Receipts First Group FIFTEENTH S COMMUNITY/ AREA CALL SIGN CTIVDT 0.25 CTIVDT 0.25 CTIVDT 0.25 CTIVDT 0.25 CTIVDT 0.25 CTIVDT 0.25	\$ 11,	1.00 .869.00 126.29	Total DSEs Gross Receipts Sec	0.25 0.25 0.25 0.25	\$	1.00 52,422.00 557.77	of Base Rat and Syndica Exclusi Surcha for Partia Distan
CTIVDT CTIVDT2 CTIVDT3 COUNTY COUN	\$ 11,	1.00 .869.00 126.29	Total DSEs Gross Receipts Sec	0.25 0.25 0.25 0.25	\$	1.00 52,422.00 557.77	Base Rate and Syndica Exclusi Surcha
CTIVDT2 0.25 CTIVDT3 0.25 CTIVDT4 0.25 CTIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Total DSEs Gross Receipts Sec	0.25 0.25 0.25 cond Group	\$	52,422.00	and Syndica Exclusi Surcha for Partia Distar
CTIVDT3 0.25 CTIVDT4 0.25 COUNTY COUNTY COUNTY CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN COUNTY CALL SIGN CALL	\$ SUBSCRIBER GROU	126.29	Total DSEs Gross Receipts Sec	0.25 0.25	\$	52,422.00	Syndica Exclusi Surcha for Partial Distar
Total DSEs Gross Receipts First Group FIFTEENTH S COMMUNITY/ AREA HAVELO CALL SIGN DSE (TIVDT 0.25 (TIVDT 0.25 (TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Total DSEs Gross Receipts Sec	0.25	\$	52,422.00	Exclusi Surcha for Partial Distar
FIFTEENTH S COMMUNITY/ AREA HAVELO CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Total DSEs Gross Receipts Sec Base Rate Fee Sec	cond Group	\$	52,422.00	Surcha for Partial Distar
FIFTEENTH S COMMUNITY/ AREA HAVELO CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Gross Receipts Sec	cond Group	\$	52,422.00	for Partial Distar
FIFTEENTH S COMMUNITY/ AREA HAVELO CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Gross Receipts Sec	cond Group	\$	52,422.00	Partial Distar
ase Rate Fee First Group FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Gross Receipts Sec	cond Group	\$	52,422.00	Distar
ross Receipts First Group ase Rate Fee First Group FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Gross Receipts Sec	cond Group	\$	52,422.00	Station
ross Receipts First Group ase Rate Fee First Group FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Gross Receipts Sec	cond Group	\$	52,422.00	
ross Receipts First Group ase Rate Fee First Group FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Gross Receipts Sec	cond Group	\$	52,422.00	
ross Receipts First Group ase Rate Fee First Group FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Gross Receipts Sec	cond Group	\$	52,422.00	
ross Receipts First Group ase Rate Fee First Group FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Gross Receipts Sec	cond Group	\$	52,422.00	
ross Receipts First Group ase Rate Fee First Group FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Gross Receipts Sec	cond Group	\$	52,422.00	
ross Receipts First Group ase Rate Fee First Group FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Gross Receipts Sec	cond Group	\$	52,422.00	
ross Receipts First Group ase Rate Fee First Group FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Gross Receipts Sec	cond Group	\$	52,422.00	
FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Base Rate Fee Sec	cond Group	\$	557.77	
FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 TIVDT2 0.25	\$ SUBSCRIBER GROU	126.29	Base Rate Fee Sec	cond Group	\$	557.77	
FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 TIVDT2 0.25	SUBSCRIBER GROU	-					
FIFTEENTH S OMMUNITY/ AREA HAVELO CALL SIGN DSE TIVDT 0.25 CTIVDT 0.25	SUBSCRIBER GROU	-					
CALL SIGN DSE TIVDT 0.25 CTIVDT2 0.25		JP	COMMUNITY/ ADD	SIXTEENTH S	SUBSCRIBER GRO	UP	
CALL SIGN DSE	NCK		COMMUNITY/ ADD				
CALL SIGN DSE	JUN .		TI COMMUNITI I / ARE	EA WHITTEN	IORE		
(TIVDT 0.25 CTIVDT2 0.25							
TIVDT2 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			KTIVDT	0.25			
			KTIVDT2	0.25			
TIVDT3 0.25			KTIVDT3	0.25			
TIVDT4 0.25			KTIVDT4	0.25			
otal DSEs		1.00	Total DSEs			1.00	
ross Receipts Third Group	ş 9,	891.00	Gross Receipts Fou	urth Group	\$	21,760.00	
· -				· .			
Base Rate Fee Third Group	\$	105.24	Base Rate Fee Fou	urth Group	\$	231.53	

NORTHERN IOWA							63492
				ATE FEES FOR EAC	H SUBSCRI	BER GROUP	
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GRO	UP
COMMUNITY/ AREA	AYRSHI	RE - GILLETTE	GROVE	COMMUNITY/ AREA	A SWEAC	CITY	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WHODT	0.25			KIMTDT	0.25		
WHODT2	0.25						
WHODT3	0.25						
WHODT4	0.25						
	<u></u>		<u></u>				
	<u> </u>		<u></u>				
	<u></u>						
	<u>-</u>						
	<u>-</u>						
otal DSEs	-		1.00	Total DSEs			0.25
Gross Receipts First G	roun	s 11	,540.00	Gross Receipts Seco	and Group	\$	8,343.00
1033 Neccipis i iisi O	Toup	<u>Ψ 11</u>	,040.00	Oross recorpts occi	ond Group	y	0,040.00
	İ						
3ase Rate Fee First G	roup	\$	122.79	Base Rate Fee Seco	ond Group	\$	22.19
	•	\$ SUBSCRIBER GRO			•	\$ SUBSCRIBER GRO	<u>'</u>
NIN	NTEENTH S	SUBSCRIBER GRO			TWENTIETH	SUBSCRIBER GRO	UP
NIP COMMUNITY/ AREA CALL SIGN	ALGON DSE	SUBSCRIBER GRO			TWENTIETH	SUBSCRIBER GRO	UP
NIN OMMUNITY/ AREA CALL SIGN (EYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NIN OMMUNITY/ AREA CALL SIGN EYCDT	ALGON DSE	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NIN OMMUNITY/ AREA CALL SIGN (EYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NIN OMMUNITY/ AREA CALL SIGN (EYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NIN COMMUNITY/ AREA CALL SIGN (EYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NIN COMMUNITY/ AREA CALL SIGN (EYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NIN OMMUNITY/ AREA CALL SIGN (EYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NIN COMMUNITY/ AREA CALL SIGN (EYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NIN COMMUNITY/ AREA CALL SIGN KEYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NINCOMMUNITY/ AREA CALL SIGN KEYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NINCOMMUNITY/ AREA CALL SIGN KEYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NINCOMMUNITY/ AREA CALL SIGN KEYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NIN COMMUNITY/ AREA CALL SIGN (EYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
NIN COMMUNITY/ AREA CALL SIGN KEYCDT	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
CALL SIGN KEYCDT KEYCDT2	ALGON DSE 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWENTIETH	SUBSCRIBER GRO	UP NGFORD
COMMUNITY/ AREA CALL SIGN KEYCDT KEYCDT2 Total DSEs	DSE 0.25 0.25	CALL SIGN	DSE	CALL SIGN	DSE DSE	SUBSCRIBER GRO FINGER - WALLII CALL SIGN	UP NGFORD DSE
COMMUNITY/ AREA CALL SIGN KEYCDT KEYCDT2 Total DSEs	DSE 0.25 0.25	CALL SIGN	DSE DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GRO FINGER - WALLII CALL SIGN	UP NGFORD DSE 0.00
COMMUNITY/ AREA	DSE 0.25 0.25	CALL SIGN	DSE DSE	CALL SIGN CALL SIGN Total DSEs	TWENTIETH A GRAETI DSE th Group	SUBSCRIBER GRO FINGER - WALLII CALL SIGN	UP NGFORD DSE 0.00

		JNICATIONS PA					63492	
Bl				TE FEES FOR EAC				
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	TITON	(A-BURT		COMMUNITY/ ARE	A EVERL	Y		Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially
						H		Distant Stations
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 45	5,255.00	Gross Receipts Sec	ond Group	\$	54,412.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	RUTHV	EN		COMMUNITY/ ARE	A ROYAL			
		T			I			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
		_				*		
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third (Group	\$ 87	7,600.00	Gross Receipts Fou	rth Group	\$	36,036.00	
		, ,	,,,,,,,,,,,		С. Эчр	·		
	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third G						i		
Base Rate Fee Third G						•	•	
Base Rate Fee Third G								

	COMMU	JNICATIONS PA	KINERS				63492	Name
В				TE FEES FOR EAC				
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	OUP	9
COMMUNITY/ AREA	ARMST	RONG		COMMUNITY/ ARE	A TERRIL			_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
								Base Rate
								and
								Syndicate
								Exclusivit
								Surcharg
						<u> </u>		for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 56	5,101.00	Gross Receipts Sec	ond Group	\$	22,176.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		FIGHTH	SUBSCRIBER GRO	N ID	
				#			JUF	
COMMUNITY/ AREA		ΓED		COMMUNITY/ ARE.			JOF	
	RINGS				A PALME	R		
COMMUNITY/ AREA		CALL SIGN	DSE	COMMUNITY/ ARE			DSE	
	RINGS				A PALME	R		
	RINGS				A PALME	R		
	RINGS				A PALME	R		
	RINGS				A PALME	R		
	RINGS				A PALME	R		
	RINGS				A PALME	R		
CALL SIGN	RINGS				A PALME	R		
	RINGS				A PALME	R		
	RINGS				A PALME	R		
	RINGS				A PALME	R		
	RINGS				A PALME	R		
	RINGS				A PALME	R		
CALL SIGN	RINGS		DSE	CALL SIGN	A PALME	R	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN Total DSEs	DSE DSE	R	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE DSE	R	DSE	
CALL SIGN Total DSEs Gross Receipts Third (DSE	CALL SIGN	0.00 2,510.00	Total DSEs Gross Receipts Fou	DSE DSE	CALL SIGN	0.00 22,680.00	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE	

	COMMU	JNICATIONS PA	KINERS				63492	Name
В				TE FEES FOR EAC				
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	POCAH	IONTAS		COMMUNITY/ ARE	A PLOVE	R		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
0.122 0.0.1	302	57.22 5.5.T	202	07.22 0.0.1	202		332	Base Rate
								and
								Syndicate
								Exclusivit
		-						Surcharg
								for
								Partially
								Distant Stations
								Stations
a								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 23	3,738.00	Gross Receipts Sec	ond Group	\$	4,946.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	. E. /E. IT. I			#				
	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	UP	
			UP	COMMUNITY/ ARE		SUBSCRIBER GRO	UP	
			UP	COMMUNITY/ ARE		SUBSCRIBER GRO	UP	
			DSE	COMMUNITY/ ARE		SUBSCRIBER GRO	DSE	
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
COMMUNITY/ AREA	CURLE	W			A ROLFE			
CALL SIGN	CURLE	W	DSE		A ROLFE			
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN Total DSEs	A ROLFE DSE	CALL SIGN	DSE	
CALL SIGN CALL SIGN Total DSEs	DSE	W	DSE	CALL SIGN	A ROLFE DSE		DSE	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third (DSE	CALL SIGN	0.00 330.00	Total DSEs Gross Receipts Fou	ROLFE DSE	CALL SIGN	0.00 17,804.00	
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN Total DSEs	ROLFE DSE	CALL SIGN	DSE	

	COMMU	JNICATIONS PA	RTNERS				63492	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO	UP	TI .		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	MALLA	.RD		COMMUNITY/ AREA	WEST	BEND		Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs	-	!	0.00	Total DSEs	*	!!	0.00	
Gross Receipts First G	roup	\$ 11	,869.00	Gross Receipts Seco	ond Group	\$	52,422.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
EI		CLIDSCOUDED CDO	LID					
11	FIEENIH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GRO	UP	
			UP	COMMUNITY/ AREA			UP	
			<u>UP</u>	11			UP	
COMMUNITY/ AREA			DSE	11			DSE	
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
CALL SIGN	HAVEL	OCK		COMMUNITY/ AREA	WHITTE	MORE		
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
COMMUNITY/ AREA	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE DSE	CALL SIGN	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third (DSE	CALL SIGN	0.00 0,891.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Four	DSE DSE	CALL SIGN	0.00 21,760.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS 63492								
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
9 Computation	EIGHTEENTH SUBSCRIBER GROUP				SEVENTEENTH SUBSCRIBER GROUP				
		CITY	SWEA C	COMMUNITY/ AREA SWEA		IRE - GILLETTE GROVE		DMMUNITY/ AREA AYRSH	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
and									
Syndicate									
Exclusivit									
Surcharge		 							
for									
Partially									
Distant									
Stations									
							-		
							-		
4	1	Ц	<u> </u>						
	0.00			Total DSEs	0.00			otal DSEs	
	0.00		Gross Receipts Second Group		\$ 11,540.00			Gross Receipts First G	
	8,343.00	\$	d Group	Gross Receipts Secon	540.00	\$ 11,	roup	orecon recorpto r net or	
		\$		Gross Receipts Secon Base Rate Fee Secon	0.00	\$ 11,			
=	0.00		d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First Gr	
=	8,343.00 0.00	\$	d Group VENTIETH	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	roup	3ase Rate Fee First Gr NIN	
=	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	8,343.00 0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	roup	3ase Rate Fee First Gr NIN	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
-	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
-	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUTINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Secon TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA	
	8,343.00 0.00 P GFORD DSE	SUBSCRIBER GROUTINGER - WALLING CALL SIGN	d Group VENTIETH GRAETT DSE	Base Rate Fee Secon TV COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROUNDER ROUNDER GROUNDER GROUNDE GROUNDE GROUNDE GROUNDE GROUNDE GROUNDE GROUNDE GROUNDE G	DSE	CALL SIGN	

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group NINEENTH SUBSCRIBER GROUP TWENTYTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown