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						
2/22/2021	\$ 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	2020/2			
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting conducts the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of the counting perioa	em the accounting period should s	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Chariton Valley Communications Corp.			
			(0108782020/2
				010878 2020/2
	1213 E. Briggs Drive Macon, MO 63552			
С	INSTRUCTIONS: In line 1, give any business or trade names used to it			
	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address give	n in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area	with all communities.	,	•	. 0
Served	CITY OR TOWN	STATE		
First	Macon	МО		
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
	Alliance	MD	В	2
	Gering	MD	В	3

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

ORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2020/2							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
Chariton Valley Communications Corp.			010878								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses											
Note: Entities and properties such as hotels, apartments, condominiums, or mobile houselow the identified city or town.	ome parks should b	oe reported in pare	ntheses								
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	the column blank.	If you report any st	ations								
When reporting the carriage of television broadcast stations on a community-by-common channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	nd a subscriber gro										
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#								
Macon	MO	AA	1	First							
Atlanta	MO	AA	1	Community							
Bevier	MO	AA	1								
Bosworth	MO	AB	2								
Brookfield	MO	AB	2								
Brunswick	MO	AD	4	See instructions for							
Bucklin	MO	AB	2	additional information							
Bynumville	MO	AC	3	on alphabetization.							
Callao	MO	AA	1								
Clarence	MO	AE	5								
Cllifton Hill	MO	AC	3	Add rows as necessary.							
DeWitt	MO	AB	2	rad rows as necessary.							
Ethel	MO	AA	1								
Excello	MO	AA	1								
Hale	MO	AB	2								
Hallsville	MO	AC	3								
Hannibal	MO	AE	5								
Hibgee	MO	AC	2								
Huntsville	MO	AC	2								
Jacksonville Kortonville	MO MO	AC AC	2								
Keytesville Marceline	MO MO	AC AB	3								
Moberly	MO MO	AB AC	3								
Monroe City	MO	AE	5								
New Boston	MO	AB	2								
New Cambria	MO	AA	1								
Palmyra	MO	AE	5								
Prairie Hill	MO	AC	3								
Salisbury	MO	AD	4								
Shelbina	MO	AE	5								

<mark></mark>	······································	•

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Chariton Valley Communications Corp.
SYSTEM ID#
010878

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	2,157	\$ 72.00				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel	211	8.11-9.25				
Commercial	650	8.11-18.76				
Converter			Additional Converters:			
Residential	1,946		Residential	2,530	4.92-12.00	
Non-residential	286		Commercial	182	4.95-12.00	
1	1	1	1 1	1	1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1			BLOCK 2	<u>.</u>
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVIC	E RATE
Continuing Services:			Installation: Non-residential				
Pay cable			Motel, hotel			Standard	\$ 30.00
 Pay cable—add'l channel 			Commercial			Plus	\$ 9.99
Fire protection			• Pay cable			Streaming	\$ 102.00
Burglar protection			Pay cable-add'l channel				
Installation: Residential			Fire protection				
First set	\$	35.00	Burglar protection				
 Additional set(s) 	\$	35.00	Other services:				
• FM radio (if separate rate)			Reconnect	\$	35.00		
Converter			Disconnect				
			Outlet relocation	\$	35.00		
			Move to new address				

FORM SA3E. PAGE 3.	(NED OF CARLE C	VOTEM.			SYSTEM ID#	.
Chariton Valle			rn		010878	Namo
<u> </u>			ıp.		010070	
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 Substitute Basis Dasis under specifc F Do not list the statio station was carried List the station here basis. For further i in the paper SA3 f Column 1: List ea each multicast stream cast stream as "WET. WETA-simulcast). Column 2: Give the station was carried of the meaning of the Column 3: Indicate educational station, b for independent multi- for the meaning of th Column 4: If the se colamation of local serve cable system carried carried the distant state For the retransmis of a written agreement the cable system and ion "E" (exempt). For explanation of these of explanation of these of	G, identify ever system during to system during to system during to 16.61(e)(2) and (asis, as explaine Stations: With CC rules, regular here in space donly on a substant and also in spanformation concorm. In associated with A-2". Simulcast me channel numbers. For example, system carried the in each case of the properties of the system carried the intervence of the system carried the intervence of the system carried the intervence of the system carried the system carried the case of the system carried the intervence of the system carried the intervence of a distant station on a part-tipe simulcasts, also three categories three categories in the system carried into on a primary transmit simulcasts, also three categories in the system carried into the system car	y television st he accounting in June 24, 19 (4), or 76.63 (i) di in the next respect to any ations, or auth G—but do listitute basis. ace I, if the stateming substitute basis sign. Do not reference in the station acceptable in the station acceptable in the station. Whether the station whether the station. Whether the station acceptable (v) of the the local servage (v) of the es" in column on during the me basis becat multicast stream or before Jumitter or an acceptage (v) and the column or during the me basis becat multicast stream or before Jumitter or an acceptage (v) see page (v)	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations to report origination cording to its own be reported in the referring to the report origination cording to its own be reported in the report origination cording to its own be reported in the report origination cording to its own be reported in the report origination cording to its own be reported in the report origination cording to its own as assigned to annel 4 in Wash tation is a network that it is a network of the general instruction or accounting periodical periodica	t (1) stations carrine carriage of certif (e)(2) and (4))]; is carried by your me Special Statem d both on a substants, see page (v) on program service ver-the-air designate column 1 (list each the television stanington, D.C. This pork station, an ind (for network multipor "E-M" (for noncetions located in the distant"), enter "Y timplete column 5, od. Indicate by eractivated channel subject to a royalt setween a cable sy esenting the primal channel on any coinstructions located in	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designation the paper SA3 form.	G Primary Transmitters: Television
	Canadian station	ons, if any, giv	e the name of the	he community wit	y to which the station is licensed by the h which the station is identifed.	
itote. II you are utilizi	my multiple cital	•	EL LINE-UP	•	ı оналисı шіс-ир.	-
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	
KMOS	15	E	Yes	0	Sedalia, MO	
KTVO-ABC	3.1	N-M	No		Kirksville, MO	See instructions for
KTVO-CBS	3.2	N-M	No		Kirksville, MO	additional information alphabetization.
KYOU-FOX	15	N-M	No		Ottumwa, IA	on aiphabetization.
KYOU-NBC	15.2	N-M	No		Ottumwa, IA	
KOMU-NBC	8	N-M	Yes	0	Columbia, MO	
KYOU-GRIT	15.5	I-M	No		Ottumwa, IA	
KTVO COMET	3.3	I-M	No		Kirksville, MO	
KMIZ MeTV	17.2	I-M	Yes	0	Columbia, MO	
KYOU-CW	15.4	I-M	No		Ottumwa, IA	
KYOU CIRCLE	15.3	I-M	No		Ottumwa, IA	
						1

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010878 **Chariton Valley Communications Corp.** 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.

		CHANN	EL LINE-UP	AB	
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
KCPT-PBS	19.1	E	Yes	0	Kansas City, MO
KMBC-ABC	9.1	N-M	No		Kansas City, MO
KCTV-CBS	5.1	N-M	No		Kansas City, MO
WDAF-FOX	4.1	N-M	No		Kansas City, MO
KMBC METV	9.2	I-M	No		Kansas City, MO
KCWE-CW	29.1	I-M	No		Kansas City, MO
KSHB-NBC	41.1	N-M	No		Kansas City, MO
KSMO-IND	47	I	No		Kansas City, MO
KMCI COURT TV	38.4	I-M	No		Kansas City, MO
KSHB COZI	41.2	I-M	No		Kansas City, MO
WDAF ANTENNA	4.2	I-M	No		Kansas City, MO
KSHB LAFF	41.3	I-M	No		Kansas City, MO
KMCI COURT TV	38.3	I-M	No		Kansas City, MO
KMCI-IND	38.1	I-M	No		Kansas City, MO
KMCI BOUNCE	38.2	I-M	No		Kansas City, MO
KCTV COMET	5.2	I-M	No		Kansas City, MO
KPXE	50.1	I	No		Kansas City, MO

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010878 **Chariton Valley Communications Corp.** 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 AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) **KMOS** 15 Ε No Sedalia, MO KMIZ-ABC 15 N-M No Columbia, MO **KRCG-CBS** 17.1 N-M No Jefferson City, MO 17.4 No **KQFX-FOX** N-M Columbia/Jefferson City, MO **KMIZ MeTV** 17.2 I-M No Columbia, MO KOMU-CW 8.3 I-M No Columbia, MO 8 **KOMU-NBC** N-M No Columbia, MO Columbia/Jefferson City, MO **KRCG CHARGE** 13.3 I-M No I-M **KRCG COMET** 13.2 No Columbia/Jefferson City, MO **KZOU MYNET** 17.3 I-M No Jefferson City, MO **KRCG TBD** 13.4 I-M No Jefferson City, MO **KNLJ-DT** 25 No Jefferson City/Columbia, MO ı

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010878 **Chariton Valley Communications Corp.** 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: Television

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	AD	
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
KMOS	15	E	No		Sedalia, MO
KMIZ-ABC	15	N-M	No		Columbia, MO
KRCG-CBS	17.1	N-M	No		Jefferson City, MO
KQFX-FOX	17.4	N-M	No		Columbia/Jefferson City, MO
KMIZ MeTV	17.2	I-M	No		Columbia, MO
KOMU-CW	8.3	I-M	No		Columbia, MO
KOMU-NBC	8	N-M	No		Columbia, MO
KRCG CHARGE	13.3	I-M	No		Columbia/Jefferson City, MO
KRCG COMET	13.2	I-M	No		Columbia/Jefferson City, MO
KZOU MYNET	17.3	I-M	No		Jefferson City, MO
KRCG TBD	13.4	I-M	No		Jefferson City, MO
KNLJ-DT	25	I	No		Jefferson City/Columbia, MO
KMBC METV	9.2	I-M	No		Kansas City, MO
KCPT-PBS	19.1	E	Yes	0	Kansas City, MO
KSMO-IND	47	I	Yes	0	Kansas City, MO
KMBC-ABC	9.1	N-M	No		Kansas City, MO

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010878 **Chariton Valley Communications Corp.** 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 AE 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) **NUMBER STATION** (If Distant) **WQEC-DT** 34.1 Ε No Quincy, IL Quincy, IL **WQEC-DT2** Ε No 34.2 34.3 No WQEC-DT3 Ε Quincy, IL 7.1 N-M KHQA-CBS No Hannibal, MO KHQA-ABC 7.2 N-M No Hannibal, MO **KHQA** Comet 7.3 No Hannibal, MO I-M WGEM-NBC 10.1 N-M No Quincy, IL WGEM-CW 10.2 N-M No Quincy, IL **WGEM-FOX** 10.3 N-M No Quincy, IL WGEM MeTV 10.4 I-M No Quincy, IL WTJR-CTN 16.1 No Quincy, IL ı

FURM SAJE. PAGE 3.					CVCTEM ID#	
Chariton Valley			rp.		SYSTEM ID# 010878	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S	system during t ions in effect of 6.61(e)(2) and (sis, as explaine Stations: With	he accounting n June 24, 19 4), or 76.63 (red in the next pressed in the next pressed to any	g period, except 81, permitting th referring to 76.6 paragraph. v distant stations	(1) stations carrie te carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
station was carried List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multicenter of the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	here in space only on a subs and also in spation and also in spation and also in spation and associated with a spation associated with a carried the in each case we entering the least), "E" (for nese terms, see ation is outside ce area, see prave entered "Y he distant static ion on a part-tipion of a distant at entered into o a primary trans simulcasts, also ree categories e location of each and an attact canadian static	G—but do listitute basis. ace I, if the state that it is sign. Do not read that it is sign. Whether the station. The station is sign. The station is sign. The station is sign. The station. The station is sign. The stati	tit in space I (the ation was carried tute basis station report origination report origination of the properties of the sassing as assigned to the same of the sam	d both on a substitus, see page (v) of a program services er-the-air designal column 1 (list each the television statington, D.C. This interest of the television station, an indefor network multicar "E-M" (for noncoctions located in the interest of the televisions located in the interest of the primar channel on any other tructions locate list the community with the community with	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject stem or an association representing ty transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AF		
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	
]				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Chariton Valley	/ Communic	cations Co	rp.		010878	Nume
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program bases Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you hable system carried the cable system and attion "E" (exempt). For explanation of these the substitution of these the substitution of these the system and attion "E" (exempt). For explanation of these the substitution of the substi	G, identify even- system during to sions in effect or sions in effect or sist, as explaine stations: With a CC rules, regula here in space only on a subs and also in spa formation conc rm. ch station's call associated with case. For example set channel numbers and also in each case was entering the le cast), "E" (for no ese terms, see ation is outside ce area, see pa ave entered "Y ne distant static ion on a part-tii ion of a distant is entered into o a primary trans simulcasts, also aree categories	y television standard and accounting an June 24, 194, or 76.63 (rad in the next prespect to any ations, or auth G—but do listitute basis. In the standard account of the local service of the local	g period, except 81, permitting the referring to 76.6 paragraph. It is a control of the referring to 76.6 paragraph. It is a control of the referring to 76.6 paragraph. It is a control of the report origination could be reported in control of the reported in contr	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the second of the se	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.	
Note: If you are utilizing	ig multiple char		•	·	channel line-up.	
	1	CHANN	EL LINE-UP	AG		
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	

LEGAL NAME OF OWN	JER OF CABLE SY	/STFM·			SYSTEM ID#	
Chariton Valley			rp.		010878	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Pasis Subasis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 of Column 1: List eace each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multifer the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried the distant stat For the retransmiss of a written agreement.	G, identify eventy system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)	y television standard page (v) of the station. whether the station. whether "N" (for noncommercial page (v) of the es" in column on during the me basis becament or before Julia account of the station.	g period, except 81, permitting the referring to 76.6 paragraph. It is a social to the fermion of the referring to 76.6 paragraph. It is a space I (the referring to 16 paragraph. It is a space I (the referring to 16 paragraph of the report origination of the reported in compared in the report origination of the reported in compared in the reported	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your cee Special Statement of the special Stateme	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing	G Primary Transmitters: Television
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		CHANN	EL LINE-UP	AH		
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	

FORM SA3E. PAGE 3.					0/07514 15 //	
LEGAL NAME OF OWN					SYSTEM ID#	Name
Chariton Valley	/ Communic	cations Co	rp.		010878	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
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 specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if 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 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), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)						G Primary Transmitters: Television
Note: If you are utilizing				•		
	.9		EL LINE-UP			
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	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Chariton Valley	Communic	cations Co	rp.		010878		
PRIMARY TRANSMITTE	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 specife 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 networky), "N-M" (for network multicast), "I' (for independent), "I-M" (for in							
				•	which the station is identifed.		
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AJ			
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		

FORM SA3E. PAGE 3.					0/07514 15 //	
LEGAL NAME OF OWN					SYSTEM ID#	Name
Chariton Valley	/ Communic	cations Co	rp.		010878	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
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 specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if 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), "T" (for independent), "I-M" (for						G Primary Transmitters: Television
Note: If you are utilizing				•		
Trotor in you are atman			EL LINE-UP		onamo mo up.	
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	

FORM SA3E. PAGE 3.					21/2==11.15//	T	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Chariton Valley	/ Communic	cations Co	rp.		010878		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the constant of	he accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: 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						
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	Canadian statio	ns, if any, givennel line-ups,	e the name of th	ne community with space G for each	to which the station is licensed by the which the station is identifed. channel line-up.		
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		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Chariton Valley	Communic	cations Co	rp.		010878		
PRIMARY TRANSMITTE	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), 76.61(e							
Note: If you are utilizing				•			
,			EL LINE-UP	·	·		
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		

FORM SA3E. PAGE 3.					01/0==11.15#	T	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Chariton Valley	/ Communic	cations Co	rp.		010878		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the constant of	he accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6° paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: 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 • List the station here, basis. For further in in the paper SA3 fo	only on a subs and also in spa formation cond rm.	titute basis. ace I, if the sta erning substit	ation was carried ute basis station	d both on a substit	ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify		
			•	•	tion. For example, report multi- n stream separately; for example		
			•		on for broadcasting over-the-air in		
on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 4: If the st planation of local servi	ystem carried the in each case we entering the lecast), "E" (for neese terms, see ation is outside the area, see page of the area of t	ne station. whether the st etter "N" (for ne concommercial page (v) of the the local serv age (v) of the	ation is a netwo etwork), "N-M" (i l educational), o e general instruc vice area, (i.e. "o general instructi	rk station, an inde for network multic r "E-M" (for nonce ctions located in the distant"), enter "Ye lons located in the	s". If not, enter "No". For an ex-		
carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	ion on a part-tii cion of a distant tentered into o a primary trans simulcasts, also aree categories e location of ea Canadian statio	me basis beca multicast stren n or before Ju mitter or an aso benter "E". If , see page (v) ch station. Fo ons, if any, giv	ause of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, le the name of the	ctivated channel of ubject to a royalty tween a cable sys- senting the primal channel on any of nstructions locate list the community are community with	payment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.		
		CHANN	EL LINE-UP	AN			
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		
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FORM SA3E. PAGE 3.					0/07514 10//	
LEGAL NAME OF OWN					SYSTEM ID#	Name
Chariton Valley	/ Communic	cations Co	rp.		010878	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
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), 76.61(e						G Primary Transmitters: Television
Note: If you are utilizing				•		
,			EL LINE-UP			
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	
					·	

FORM SA3E. PAGE 3.					OVOTEM ID#	
LEGAL NAME OF OWN					SYSTEM ID#	Name
Chariton Valley	/ Communic	cations Co	rp.		010878	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and associated with a second and associated with a cash, "E" (for nese terms, see ation is outside to entered "Y ave entered into o a primary trans simulcasts, also are categories e location of ea	y television st he accounting in June 24, 19 4), or 76.63 (in the next respect to any ations, or auth G—but do list titute basis. ace I, if the stateming substitute sign. Do not refer in the station acceptable with the station acceptable with the station. Whether the station. Whether the station acceptable (v) of the the local server in column on during the me basis becar multicast stream or before Jumitter or an acceptage (v) ch station. For the station.	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to tit in space I (the referring to station was carried that basis station report origination cording to its own be reported in origination in the referring to the report origination of the report origination cording to its own be reported in origination in the reported in the report origination is a network assigned to the report origination of the general instruction of the general instruction.	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of the second of the seco	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing	ng multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AQ		
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	

FORM SA3E. PAGE 3.					0/07514 ID#	T
LEGAL NAME OF OWN					SYSTEM ID#	Name
Chariton Valley	/ Communic	cations Co	rp.		010878	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
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)); and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if 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						G Primary Transmitters: Television
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	ΔR		
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	
					4	
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FURM SAJE. PAGE 3.					0)/07514 ID#	
Chariton Valley			rp.		SYSTEM ID# 010878	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON	-			
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during t ions in effect or 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 4), or 76.63 (i d in the next	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	CC rules, regular here in space only on a substand also in spatiofermation concurrent. The station's call associated with a case of the station's call associated with a case of the station's call associated with a case of the station is outsided to the station is outsided to the station is outsided to a station of a distant station of a distant at entered into of a primary transisticular is entered into of a primary transisticular is entered into of a primary transisticular is entered into of a canadian station of ear Canadian station of a cana	ations, or auth G—but do lis titute basis. ace I, if the staterning substifusion of the station acestreams must be the FCC has, WRC is Change (v) of the local serving equivalent of the station of the local serving equivalent of the station of the local serving equivalent of the local s	tit in space I (the ation was carried tute basis station report origination or be reported in the ation is a network ation is a network ation is a network (i.e. "Capeneral instruction of the analysis of lack of a general instruction of the ation is not succounting period ause of lack of a peam that is not succounting that a peam that is not succounting that a peam that is not succounting that a peam that is not succounting	d both on a substitus, see page (v) on program service er-the-air designation of the television statistington, D.C. This bork station, an indefor network multicus (FE-M" (for noncotions located in the televisions located in the mplete column 5, so d. Indicate by entictivated channel of subject to a royalty stween a cable systeming the primai channel on any of instructions locate list the community with	ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" example of independent in the paper SA3 form. set in the basis on which your tering "LAC" if your cable system capacity. To payment because it is the subject stem or an association representing the transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	Television
The same and same	.ga.a.p.o oa.		EL LINE-UP	<u>'</u>		
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	

FURM SA3E. PAGE 3.					SYSTEM ID#		
Chariton Valley			rp.		SYSTEM ID# 010878	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program base	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 specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if 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 as 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). **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							
FCC. For Mexican or (Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	which the station is identifed. channel line-up.		
	ı	CHANN	EL LINE-UP	AT			
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		

FURM SA3E. PAGE 3.					CVCTEM ID#		
Chariton Valley			rp.		SYSTEM ID# 010878	Name	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
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 station, by entering the letter "N" (for sequency), 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 "Ves". 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 accountin							
		CHANN	EL LINE-UP	AU			
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		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Chariton Valley	Communic	cations Co	rp.		010878	Name		
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), 76.63 ([e)(2) and (4), 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 specifs 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 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), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational multicast). For the meaning of these terms, see page								
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.			
Note: If you are utilizing	g multiple char		•	·	channel line-up.			
	ı	CHANN	EL LINE-UP	AV				
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			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Chariton Valley	Communic	cations Co	rp.		010878	Name		
PRIMARY TRANSMITTERS: TELEVISION								
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 specific FCC rules, regulations, or authorizations: - Do not list the station here in space — Dut 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 in space — Dut do list it in space I (the Special Statement and Program Log)—if the station was carried only 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 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), "" (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 for								
Note: If you are utilizing				•				
,			EL LINE-UP	·	·			
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			
						ſ		

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010878 **Chariton Valley Communications Corp.** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2020/
LEGAL NAME OF OWNER OF							S	YSTEM ID#	Name
Chariton Valley Comm	unication	s Corp.						010878	Numo
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOG	;					
In General: In space I, ident substitute basis during the are explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or a	uthoriza	itions. F	or a further	Substitute
1. SPECIAL STATEMENT				o gonorai inoa	40110110110	atou iii t	по рар	01 01 10 101111.	Carriage:
During the accounting per broadcast by a distant state	iod, did you			is, any nonne	twork tele	ision pr	-	XNo	Special Statement and Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mι	ıst comple	te the p	rogram	1	Program Log
log in block 2.	BBOODA	MO							İ
2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever pos	sible, if the	eir mear	ning is		İ
clear. If you need more spa	ce, please a	attach addition	al pages.				_		İ
period, was broadcast by a			ision program (substitute p our cable system substitute					on	İ
under certain FCC rules, re	gulations, o	r authorization	s. See page (vi) of the ger	eral instructio	ns located	l in the p	paper		l
SA3 form for futher informa titles, for example, "I Love L				"basketball".	List spec	ific prog	ram		l
Column 2: If the program	n was broad	lcast live, ente	r "Yes." Otherwise enter "N						l
			asting the substitute progra ne community to which the		nsed by th	e FCC o	or. in		l
the case of Mexican or Can	adian statio	ns, if any, the	community with which the	station is iden	ntified).		-		l
Column 5: Give the mor first. Example: for May 7 given		when your sys	tem carried the substitute	program. Use	numerals	, with th	e mont	th	l
Column 6: State the time	es when the		gram was carried by your					/	l
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should b	be		l
Column 7: Enter the letter			was substituted for progra						l
to delete under FCC rules a									l
gram was substituted for preffect on October 19, 1976.		that your syste	em was permitted to delete	under FCC r	uies and r	eguiatio	ns in		l
,				11 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-N CHDC				İ
S	SUBSTITUT	E PROGRAM	1		EN SUBS [*] IAGE OC			7. REASON	l
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES		FOR DELETION	l
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	_	ТО		İ
	 								l
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Chariton Valley Communications Corp.

PART-TIME CARRIAGE LOG

SYSTEM ID#
010878

J

Part-Time Carriage Log

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

hours your system carried that station. If you need more space, please attach additional pages.

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

column 5 of space G. **Column 2 (Dates and hours of carriage):** For each station, list the dates and hours when part-time carriage occurred during the accounting period.

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

Т		DAT	ES AND HOURS (OF PART-TIME CAR	RIAGE			
CALL SIGN	WHEN	CARRIAGE OC		CALL SIGN -	WHEN CARRIAGE OCCURRED			
	DATE	FROM	OURS TO		DATE	HOUR: FROM	TO	
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	SA3E. PAGE 7.			OVOTEM ID#				
	AL NAME OF OWNER OF CABLE SYSTEM: ariton Valley Communications Corp.			SYSTEM ID# 010878	Name			
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)								
IMP	during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.		\$ (Amount of g	1,104,361.46 ross receipts)				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ck 3 below.	e enter	ed on line	1 of				
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e elow.	entered	l on line 2 i	n block				
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	ıld be e	entered 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.		\$	1,104,361.46				
	This is your minimum fee.	\$		11,750.41				
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 periodic X Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule.	n 4, yo	ou must ch	eck				
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	11,294.44				
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00				
	Line 3. Add lines 1 and 2 and enter	\$		11,294.44				
Block	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee			,				
4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	11,750.41	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	submitting additional			
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact			
	Line 4. FILING FEE		\$	725.00	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	\$		12,475.41	appropriate form for submitting the			
	EFT Trace # or TRANSACTION ID #]		additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Significant structions located in the paper SA3 form and the Excel instructions to							

Name	LEGAL NAME OF OWNER OF	CABLE S	YSTEM:	SYSTEM ID#							
Name	Chariton Valley Con	nmuni	cations Corp.	010878							
	CHANNELS										
M	Instructions: You mus	st give	(1) the number of channels on which the cable system carried television broadcas	st stations							
	to its subscribers and	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels											
			nannels on which the cable padcast stations	64							
	system camed televi-	ISIOIT DI	radicast stations								
	2. Enter the total numb	ber of a	ctivated channels								
	on which the cable sy	ystem o	arried television broadcast stations	377							
	and nonbroadcast se	ervices									
	INDIVIDUAL TO DE O	ONTA	OTED IS SUBTUSED INFORMATION IS NEEDED. (Identify an individual								
N	we can contact about		CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual tement of account.)								
Individual to			,								
Be Contacted											
for Further Information	Name Tammy (Gibso	n Telephone	660-395-9691							
illiorillation	4040 = 5										
	Address 1213 E. E (Number, street		s Drive oute, apartment, or suite number)								
	Macon, M	MO 6	3552								
	(City, town, sta	ate, zip)									
	Email t	taibso	n@charitonvalley.com Fax (optional)								
		9									
	CERTIFICATION /This	atatana	ant of account moves he partified and signed in accordance with Converget Office to	audation o							
0	CERTIFICATION (This	statem	ent of account must be certifed and signed in accordance with Copyright Office re	guiations.							
O Certifcation	• I the undersigned her	rehv cer	tify that (Check one, but only one, of the boxes.)								
Certification	i, the undersigned, her	ioby oci	any that (officer one, but only one, of the boxes.)								
	(Owner other than	corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or							
			n corporation or partnership) I am the duly authorized agent of the owner of the cab	le system as identified							
	in line 1 of space	e B and	that the owner is not a corporation or partnership; or								
		-	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	owner of the cable system							
	in line 1 of space	е в.									
			t of account and hereby declare under penalty of law that all statements of fact contain	ned herein							
	[18 U.S.C., Section 100		to the best of my knowledge, information, and belief, and are made in good faith.]								
		X	/s/ Kirby Underberg								
	-	Enter an	electronic signature on the line above using an "/s/" signature to certify this statement.								
	((e.g., /s/	John Smith). Before entering the first forward slash of the /s/ signature, place your curso								
		ı-z Düll	on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot.	as compatibility settings.							
	٦	Typed o	or printed name: Kirby Underberg								
	٦	Title:	General Manager								
			(Title of official position held in corporation or partnership)								
	_	Dat-	Fabruary 22, 2024								
		Date:	February 22, 2021								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name				
Chariton Valley Communications Corp.	010878	Name				
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?						
X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or unforced 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)	_					
(inte	rest charge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assi contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	stance 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 please list below the owner, address, first community served, accounting period, and ID number as given 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 carriec 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 lead stations are not counted at all in computing DSEs	

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 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:

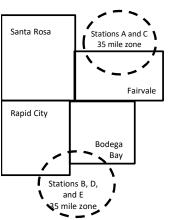
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

linimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	00.004.00

40,0000							
First Subscriber Group		Second Subscriber Group		Third Subscriber Group			
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)			
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00		
DSEs	2.472	DSEs	1.083	DSEs	1.389		
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03		
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80		
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23		
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03		

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

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE 11. (CONTINUED)						
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Chariton Valley Communications Corp. SYSTEM ID# 010878					
ı						
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station.					
					0.75	
	Enter the sum here and in line 1 of part 5 of this schedule.				2.75	J
2	Instructions:					
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5					
Computation	of space G (page 3). In the column headed "DSE	": for each indep	endent station, give the DSI	≣ as "1.0": for	each network or noncom-	
of DSEs for	mercial educational station, give the DSE as ".25."					
Category "O"						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KMOS	0.250				
	KOMU-NBC	0.250				
	KMIZ MeTV	1.000				
	KCPT-PBS	0.250				
Add save as	KSMO-IND	1.000				
Add rows as						
necessary. Remember to copy						
all formula into new						
rows.						
10003.						
				LI		L

Name		OWNER OF CABLE SYSTEM: lley Communication:	s Corp.				S	910878 010878
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista 2: For each station, give t correspond with the infor 3: For each station, give t 4: Divide the figure in colu at least to the third decir 5: For each independent value as ".25." 6: Multiply the figure in colu point. This is the station's	he number of houmation given in she total number out of the total number out out of the total number out of the figure all point. This is station, give the figure of the	ars your cable systemace J. Calculate or of hours that the state in column 3, and the "basis of carriage type-value" as "1.0." are in column 5, and the incolumn 5, and the incolumn 5, and the incolumn 5, and the incolumn 5, and the page in column 5, and the page in column 5, and the page in column 5, and the page incolu	m carried the state of the state of the carried the result in the carried the state of the state	ion during the accounting ach station. er the air during the accounting the accou	unting period. is figure must cational station,	
Capacity		(ATEGORY	AC STATIONS:	COMPLITATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	IR 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	BE .
			÷		=	x	=	
			÷		=	x	=	
			÷		=	X	=	
			÷ ÷			x x	<u> </u>	
			<u> </u>		=	x	=	
			÷		=	x	=	
			÷	:	=	x	=	
	Add the DSEs	OF CATEGORY LAC Sof each station. Im here and in line 2 of p		dule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference to Broadcast of space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each stall by your system in substact on October 19, 1976 (one or more live, nonnetw For each station give the This figure should corresenter the number of days Divide the figure in colum This is the station's DSE	itution for a progras shown by the ork programs during number of live, nappond with the infection to be the calendar years to be the figure	am that your systen letter "P" in column ing that optional carr connetwork program formation in space I. year: 365, except in in column 3, and given	n was permitted to 7 of space I); and iage (as shown by s carried in subst a leap year.	o delete under FCC rules the word "Yes" in column a itution for programs that	of evere deleted so than the third	rm).
		SU	BSTITUTE-BA	ASIS STATION	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. 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 SUBSTITUTE-BAS of each station. Im here and in line 3 of p		dule,	▶	0.00		
5		ER OF DSEs: Give the ams applicable to your system		xes in parts 2, 3, and	4 of this schedule	and add them to provide	the tota	
Total Number	1. Number o	f DSEs from part 2 ●				·	2.75	
of DSEs	2. Number o	f DSEs from part 3 ●			?		0.00	
	3. Number o	f DSEs from part 4 ●			>		0.00	
	TOTAL NUMBE	R OF DSEs						2.75

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF C).				S	YSTEM ID# 010878	Name
Instructions: Bloc In block A: If your answer if schedule.			part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the •	6
If your answer if '	"No," complete blo	ocks B and C	below.						
			BLOCK A: 1	TELEVISION M	ARKETS				Computation of 3.75 Fee
=	1981?	schedule—E	•	aller markets as de				gulations in	3.73 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Ju dule. (Note: T	part 2, 3, and 4 o ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carria 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursus *F A station pre	ales and regued pursuant to on as defined al educations of station (76.6 or DSE sched ant to individuations of the station will be station will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station we will be station will be stati	lations cited b o the FCC ma d in 76.5(kk) (7 al station [76.5 55) (see paragule). ule). ual waiver of F d on a part-tir ithin grade-B	ne or substitute ba contour, [76.59(d)(se in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	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	
KMOS	С	0.25							1
KMIZ MeTV		1.00							
KCPT-PBS	С	0.25							
KSMO-IND	Α	1.00							
KOMU-NBO	Α	0.25							
		1						2.75	
		В	LOCK C: CC	MPUTATION OF	3.75 FEE				1
Line 1: Enter the	total number of								
Line 2: Enter the	sum of permitte	d DSEs fror	n block B ab	ove			"		
Line 3: Subtract (If zero, lo				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

	OWNER OF CABLE		p.				J	4STEM ID# 010878	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			_
1. CALL SIGN	2. PERMITTED BASIS		[]	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
***************************************									Computation o
						•			3.75 Fee
						•			

						•			
						•			
						•			
						•			
						•			
						•			
						•			

						•			
						•			

Name	Chariton Valley								S	#STEM ID 010878	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You in stations carried prior Column 1: List the column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FOA—Part-time sperior 76.59) B—Late-night prior 76.61(S—Substitute car general Column 5: Indicate Column 6: Compare in block	must complete or to June 25, call sign for eathe DSE for the accounting the basis of c CC rules and ecialty programming: (e)(3)). arriage under al instructions the station's Lethe DSE figure. B, column 3 conformation you	e this worksheet for 1981, under former ach distant station in his station for a sing period and year in arriage on which the regulations cited be mming: Carriage, o (1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 for DSE for the current tures listed in column of part 6 for this state ou give in columns 2	r FCC rules gover dentifed by the I gle accounting properties that on was called when the carring to 76.61(e) Coules, sections regulations, or a form. accounting perions 2 and 5 and 5 tion. 2, 3, and 4 must	vern lett peri riag arri shos asis (1)) s 76 auth iod list	entifed by the letter "F" ining part-time and subter "F" in column 2 of piod, occurring betweer ge and DSE occurred led by listing one of these in effect on June 24s, of specialty program). 6.59(d)(3), 76.61(e)(3) horizations. For furthe as computed in parts the smaller of the two	stitute carri part 6 of the n January 1 (e.g., 1981/ e following I, 1981. Iming unde n, or 76.63 (r explanation 2, 3, and 4 o figures her	age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedu	ections vi) of the should b	e., those 981	
	1 CALL				ΞD	ON A PART-TIME AN				EDMITTED	4
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. PI	ERMITTED DSE	
7 Computation of the Syndicated	•	"Yes," comple	ete blocks B and C, locks B and C blank	k and complete	•	rt 8 of the DSE schedt					
Exclusivity			BLUCI	A. WAJOR	1 =	LEVISION WARK	<u> </u>				_
Surcharge	• Is any portion of the o	cable system v	vithin a top 100 majc	or television mark	ket	as defned by section 7	6.5 of FCC	rules in effect J	une 24, 1	1981?	
	Yes—Complete	blocks B and	IC.			X No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	š	
	Is any station listed in commercial VHF station in part, over the cal	ion that places ble system?	s a grade B contour	r, in whole	H	Was any station listed nity served by the cab to former FCC rule 76	le system p				
	Yes—List each st		th its appropriate perr part 8.	nitted DSE		Yes—List each st			ate permi	ited DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N N	DSE	
		-									
			-								
			-								
		<u> </u>	TOTAL DSEs	0.00			<u> </u>	TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Chariton Valley Communications Corp.	SYSTEM ID# 010878	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,104,361.46	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 Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as 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.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			SYSTEM ID#
- Hamo	(Chariton Valley Communications Corp.	010878
7 Computation of the	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) ▶ \$	
Syndicated Exclusivity Surcharge		B. Enter 0.00189 of gross receipts (the amount in section 1)	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		F. Multiply line D by line E and enter here	
		Syndicated Exclusivity Surcharge	<u></u> .
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 particle checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	w
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1).	
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	0.00

DSE SCH	IEDULE. PAGE 17. ACCOUNTING	6 PERIOD: 2020/2
LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Maria
Chari	ton Valley Communications Corp. 010878	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$	O
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here ►	Dase Nate 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 ▶	
İ	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	
instead Space In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	9 Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	for Partially Distant Stations, and
Step 1:	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
groups.		
• Identii • Give t	section: fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010878 **Chariton Valley Communications Corp.** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE Chariton Valley Co						S	010878	Nam
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAG	CH SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GRO	JP		SECOND	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	North			COMMUNITY/ ARE	9 Computa			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KMOS	0.25			KCPT-PBS	0.25			Base Rate
KOMU-NBC	0.25							and
KMIZ MeTV	1.00							Syndicat
								Exclusiv
								Surchar
								for Partiall
								Distan
	···							Station
	···							• • • • • • • • • • • • • • • • • • • •
otal DSEs			1.50	Total DSEs			0.25	
Gross Receipts First G	roun	\$ 648	3,430.66	Gross Receipts Se	cond Group	s 1	78,075.96	
oroso recocipio i iist o	Toup	<u> </u>	0,400.00	Cross recorpts co	oona Oroap	<u> </u>	170,070.00	
Base Rate Fee First G	roup	\$ 9	,172.05	Base Rate Fee Sec	cond Group	\$	473.68	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	South			COMMUNITY/ ARE	A Southwe	est		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				KCPT-PBS	0.25			
				KSMO-IND	1.00			
	-							
otal DSEs			0.00	Total DSEs			1.25	
Gross Receipts Third C	Group	\$ 135	5,600.88	Gross Receipts For	urth Group	\$ 1	33,040.66	
Page Pate For Third C	roup	e.	0.00	Page Bate For For	urth Crour	•	1 640 74	
Base Rate Fee Third G	эгоир	\$	0.00	Base Rate Fee Foo	лит Стоир	\$	1,648.71	
Base Rate Fee: Add th		e fees for each subso pace L (page 7)	criber group	as shown in the boxe	s above.	\$	11,294.44	

LEGAL NAME OF OWNE Chariton Valley C						S	YSTEM ID# 010878	Name
В		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		RIBER GROUP	UP	
COMMUNITY/ AREA	East			COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 9	,213.30	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
,	SEVENTH	SUBSCRIBER GRO	UP			I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	Group ne base ra	\$ te fees for each subs	0.00	Base Rate Fee Fou	rth Group	\$		

Chariton Valley Commun	BLE SYSTEM: nications Corp.				8	YSTEM ID# 010878
			TE FEES FOR EAC			
	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ A DE		I SUBSCRIBER GROU	JP 0
COMMUNITY/ AREA		U	COMMUNITY/ AREA			U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	····					
Total DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First Group	e	0.00	Base Rate Fee Seco	and Croup	\$	0.00
•	\$		Dase Nate 1 ee occ			
	H SUBSCRIBER GRO	DUP	 	TWELVTH	I SUBSCRIBER GROU	JP
		^	COMMUNITY (A DE	•		•
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	CALL SIGN	DSE	COMMUNITY/ ARE/	DSE	CALL SIGN	DSE
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
CALL SIGN DSE	CALL SIGN				CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group		DSE	CALL SIGN Total DSEs	DSE		DSE

Chariton Valley Communi	LE SYSTEM: cations Corp.				S	YSTEM ID# 010878
			TE FEES FOR EAC			
THIRTEENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ ARE		1 SUBSCRIBER GRO	<u>UP</u> 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<u>"</u>				
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
FIFTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	H SUBSCRIBER GRO	UP
DMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

otal DSEs		0.00	Total DSEs			0.00
Gross Receipts Third Group	¢	0.00	Gross Receipts Fou	rth Group	¢	0.00
orosa rreceipia Tilliu Gloup	\$	0.00	1033 Receipts Fou	гат Өгөйр	\$	0.00

LEGAL NAME OF OWI Chariton Valley						S	YSTEM ID# 010878	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
SEV	ENTEENTH	SUBSCRIBER GRO		E	IGHTEENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
		-						Stations
		•						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
N	NINTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		•						
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
·	•			· ·	•			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third Base Rate Fee: Add Enter here and in blo	the base ra	te fees for each subs		Base Rate Fee Fou		\$	0.00	

LEGAL NAME OF OWNE Chariton Valley Co						SY	STEM ID# 010878	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity Surcharge
								for
		-				-		Partially
								Distant
		-						Stations
		-						
						-		
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GROU	JP	TWENT	Y-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW Chariton Valley						S	YSTEM ID# 010878	Name
TWE	NTY-FIFTH	COMPUTATION C SUBSCRIBER GRO	DUP	††	ENTY-SIXTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		††		SUBSCRIBER GRO		
COMMUNITY/ AREA	\		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Chariton Valley C						S	YSTEM ID# 010878	Name
		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		_						Surcharge
								for
								Partially
								Distant Stations
								Otations
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	RTY-FIRST	SUBSCRIBER GRO		li		SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				•		
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OW Chariton Valley						S	010878	Name
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
		_						Distant
								Stations
		—						
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	: Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GRO	_	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Chariton Valley (S	010878	Name
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		_						and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
		_						Distant
								Stations
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THII	RTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		

Name	YSTEM ID# 010878	S						LEGAL NAME OF OWNE Chariton Valley Co
•	JP	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GRO		
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo								
Syndicated							-	
Exclusivity								
Surcharge for								
Partially								
Distant Stations								
Stations								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
		SUBSCRIBER GROU	'-FOURTH			SUBSCRIBER GRO	ry-third	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			Total DSEs
		\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00							

LEGAL NAME OF OWNE Chariton Valley Co						SY	STEM ID# 010878	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and Syndicated
								Exclusivity Surcharge
								for Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
FORTY-S COMMUNITY/ AREA	EVENTH	SUBSCRIBER GROL	JP 0	COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW Chariton Valley						S	9487EM ID# 010878	Name
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ ARE	4		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
						-		Surcharge
								for Partially
								Distant
								Stations
		•						
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		li		SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	4		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			•••					
		_						
		—						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE						SY	STEM ID# 010878	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
5.5.5.		5 5. 5. 7.					232	Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
		-						for
								Partially
						-		Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FIFT	ΓY-FIFTH	SUBSCRIBER GROU	JP	FI	FTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Chariton Valley Co						S	YSTEM ID# 010878	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
FIFTY-S	SEVENTH	SUBSCRIBER GRO		TI .		I SUBSCRIBER GROU	JP	۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	te fees for each subsepace L (page 7)	criber group	as shown in the boxes	s above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SIXTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE	DUP 0 DSE				
COMMUNITY/ AREA COMMUNITY/ AREA	0				
	DSE				
otal DSEs 0.00 Total DSEs	0.00				
	0.00				
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00				
ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00				
SIXTY-THIRD SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GR	OUP				
OMMUNITY/ AREA COMMUNITY/ AREA	COMMUNITY/ AREA				
CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE				
otal DSEs Total DSEs	0.00				
ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	0.00				
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00				

LEGAL NAME OF OW Chariton Valley						S	9487EM ID# 010878	Name
		COMPUTATION O		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	4		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
		_						Surcharge
								for
								Partially
								Distant Stations
		-						Otations
Total DSEs	•	H	0.00	Total DSEs	<u>'</u>		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	,	·				-		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE Chariton Valley Co						SY	STEM ID# 010878	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
2	_							Base Rate Fee
		-						and
								Syndicated
								Exclusivity
								Surcharge for
					<u></u>			Partially
								Distant
		-						Stations
		-						
					<u></u>	•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GROU	JP	SEVENT	Y-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the			riber group	as shown in the boxes	above.			
Enter here and in block	J, IIIIC 1, 8	ppace L (page 1,				Ψ		

EGAL NAME OF OWNER OF CABLE SYSTEM: Chariton Valley Communications Corp. SYSTEM ID# 010878										
BL	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP				
SEVENT	Y-THIRD	SUBSCRIBER GROU	JP	SEVENT	Y-FOURTH	I SUBSCRIBER GROU	JP	•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge for		
								Partially		
								Distant		
		-						Stations		
						1	0.00			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00			
	TY-FIFTH	SUBSCRIBER GROU	JP	ii e		I SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
		-								
		•								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OWN Chariton Valley						S	010878	Name
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		_						Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
						-		Distant
								Stations
		—						
						•••		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_						
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		

ions Corp. 010878 Name							LEGAL NAME OF OWNE Chariton Valley Co		
MPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	RIBER GROU	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (Bl		
BSCRIBER GROUP EIGHTY-SECOND SUBSCRIBER GROUP O COMMUNITY/ AREA O 9) SUBSCRIBE	-SECOND	EIGHT		SUBSCRIBER GRO	TY-FIRST	EIGH		
Computatio				0			COMMUNITY/ AREA		
CALL SIGN DSE CALL SIGN DSE Of	CALL SIG	1		DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate Fe									
Syndicated									
Exclusivity									
Surcharge									
for									
Partially Partially									
Distant Stations									
0.00			T-4-I DOE-	0.00					
							Total DSEs		
0.00 Gross Receipts Second Group \$ 0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G		
0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G		
BSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP	1 SUBSCRIBE	/-FOURTH	EIGHT	JP	SUBSCRIBER GRO	TY-THIRD	EIGH		
O COMMUNITY/ AREA O							COMMUNITY/ AREA		
CALL SIGN DSE CALL SIGN DSE	CALL SIG	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	211								
0.00 Total DSEs		•	Total DSEs	0.00			otal DSEs		
0.00 Gross Receipts Fourth Group \$ 0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third C		
I			l						

LEGAL NAME OF OW Chariton Valley						S	010878	Name
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN D			
								Base Rate Fee
								and Syndicated
		_						Exclusivity
								Surcharge
								for
								Partially Distant
						-		Stations
		-						
						• •		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	d Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP 0	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Chariton Valley Communications Corp. 010878										
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP				
	Y-NINTH	SUBSCRIBER GROU				I SUBSCRIBER GROU	JP 0	9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of				
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity Surcharge		
								for		
								Partially		
		-						Distant		
		-						Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00			
	TY-FIRST	SUBSCRIBER GRO	JP	11		SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
Total DSEs			0.00	Total DSEs	<u>'</u>		0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OWN Chariton Valley C						S	YSTEM ID# 010878	Name
NINE	ETY-THIRD	COMPUTATION O SUBSCRIBER GRO	DUP	††	TY-FOURTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSFa			0.00	
Total DSEs	0	•	0.00	Total DSEs	and Cuarra	•	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		NI				
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASF RA	COMPUTATION OF	OCK A· C	RI
)	SUBSCRIBER GROU				SUBSCRIBER GROU		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	502	O' LEE STOIT	BOL	O/ LEE GIGIT	562	OALL SIGIT	BGE	STILL STOTE
		_						
								
	<u> </u>							
	ļ							
	0.00	H	<u> </u>	Total DSEs	0.00		<u> </u>	tal DSEs
-	0.00	\$	d Group	Gross Receipts Second	0.00	\$	ดเมต	oss Receipts First Gr
- 7		<u>*</u>	. Oroup	Greed redesipte decent		<u>*</u>	oup	oo recorpto riiot or
	0.00	\$	l Group	Base Rate Fee Second	0.00			D . F F: . 0
					0.00	\$	oup	se Rate Fee First Gr
)	SUBSCRIBER GROU	NDREDTH		'	SUBSCRIBER GROU		
	0	SUBSCRIBER GROU	NDREDTH		'			NINET
		SUBSCRIBER GROU	DSE	ONE HUN	P			NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET MMUNITY/ AREA
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET MMUNITY/ AREA
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET
	0			ONE HUN COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	Y-NINTH :	NINET DMMUNITY/ AREA CALL SIGN
	DSE		DSE	ONE HUN COMMUNITY/ AREA CALL SIGN	P O DSE	SUBSCRIBER GROU	Y-NINTH :	NINET DMMUNITY/ AREA CALL SIGN tal DSEs
	DSE DSE	CALL SIGN	DSE	ONE HUN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE 0.00	CALL SIGN	Y-NINTH :	NINET DMMUNITY/ AREA CALL SIGN tal DSEs
	DSE DSE	CALL SIGN	DSE	ONE HUN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE 0.00	CALL SIGN	DSE DSE	NINET DMMUNITY/ AREA CALL SIGN otal DSEs coss Receipts Third Giase Rate Fee Third Giase Rate Rate Rate Rate Rate Rate Rate Rat

LEGAL NAME OF OWNE Chariton Valley Co						S	YSTEM ID# 010878	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
						-		for
								Partially Distant
								Stations
		-						
Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRE	-D THIRD	SUBSCRIBER GROU	IP.	ONE HUNDR	ED FOLIRTH	SUBSCRIBER GRO	LIP	
COMMUNITY/ AREA		- CODECTUBER CITE	0	COMMUNITY/ AREA		- CODOCINIDEIX CINC	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_				•		
Total DSEs			0.00	Total DSEs			0.00	
	Proup	•	0.00		th Group	¢	0.00	
Gross Receipts Third G	J. Oup	\$	3.00	Gross Receipts Foul	ωι Οιυαρ	\$	<u> </u>	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	ne base rat	e fees for each subsc space L (page 7)	criber group	as shown in the boxe	s above.	\$		

Chariton Valley Commun	BLE SYSTEM: ications Corp.				S	YSTEM ID# 010878	
			TE FEES FOR EAC				
ONE HUNDRED FIFTI	1 SUBSCRIBER GRO		ONE HUNDRED SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN DSE				
					-		
otal DSEs	Ш	0.00	Total DSEs		11	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED SEVENTI			#				
ONE HUNDRED SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA O			ONE HUNDR	ED EIGHTH	SUBSCRIBER GROU	UP	
	1 SUBSCRIBER GRO		ONE HUNDR		SUBSCRIBER GROU	UP 0	
	CALL SIGN		II		SUBSCRIBER GROU		
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE		0	COMMUNITY/ AREA			0	
CALL SIGN DSE CALL SIGN DSE		DSE	COMMUNITY/ AREA CALL SIGN	DSE		DSE	
CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.00	
COMMUNITY/ AREA	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.00	

LEGAL NAME OF OWNER Chariton Valley Co						SY	STEM ID# 010878	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUF)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
		-						for
								Partially
								Distant
								Stations
		-						
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Chariton Valley (S	YSTEM ID# 010878	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		i i		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	FIFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Chariton Valley C						S	9487EM ID# 010878	Name
ONE HUNDRED SEVE	NTEENTH		JP	ii	GHTEENTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	INTEENTH	SUBSCRIBER GROU		ii —		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	
222.220	PP	Į*	3.00			[*	0.00	
Base Rate Fee: Add to Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW Chariton Valley						S	3YSTEM ID# 010878	Name
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	P	^
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
		-						
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TW	FNTY-THIRD	SUBSCRIBER GROU	P	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUI	Þ	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	I the base ra tock 3, line 1,	te fees for each subs	scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CA Chariton Valley Commu						010878
	A: COMPUTATION O		П			
ONE HUNDRED TWENTY-FIF	H SUBSCRIBER GROU				SUBSCRIBER GROUF	0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					-	
					<u> </u>	
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00
Base Rate Fee First Group IE HUNDRED TWENTY-SEVEN		P	ONE HUNDRED TWE	NTY-EIGHTH	\$ SUBSCRIBER GROUP	2
Base Rate Fee First Group BE HUNDRED TWENTY-SEVEN				NTY-EIGHTH		1
Base Rate Fee First Group IE HUNDRED TWENTY-SEVEN		P	ONE HUNDRED TWE	NTY-EIGHTH		2
E HUNDRED TWENTY-SEVEN	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
E HUNDRED TWENTY-SEVEN	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group E HUNDRED TWENTY-SEVEN COMMUNITY/ AREA	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group E HUNDRED TWENTY-SEVEN COMMUNITY/ AREA	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group BE HUNDRED TWENTY-SEVEN COMMUNITY/ AREA	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group BE HUNDRED TWENTY-SEVEN COMMUNITY/ AREA	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group IE HUNDRED TWENTY-SEVEN COMMUNITY/ AREA	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group IE HUNDRED TWENTY-SEVEN COMMUNITY/ AREA	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group NE HUNDRED TWENTY-SEVEN COMMUNITY/ AREA	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group NE HUNDRED TWENTY-SEVEN COMMUNITY/ AREA	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group NE HUNDRED TWENTY-SEVEN COMMUNITY/ AREA	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group IE HUNDRED TWENTY-SEVEN COMMUNITY/ AREA	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group NE HUNDRED TWENTY-SEVEN COMMUNITY/ AREA CALL SIGN DSE	TH SUBSCRIBER GROU	P 0	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF	0
Base Rate Fee First Group NE HUNDRED TWENTY-SEVEN COMMUNITY/ AREA CALL SIGN DSE Total DSEs	TH SUBSCRIBER GROU	P O DSE	CALL SIGN	DSE	SUBSCRIBER GROUF	DSE
Base Rate Fee First Group NE HUNDRED TWENTY-SEVEN COMMUNITY/ AREA	CALL SIGN	DSE DSE	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE

Chariton Valley						S	948TEM ID# 010878	Name
ONE HUNDRED TW	ENTY-NINTH	COMPUTATION OF SUBSCRIBER GROUP	>	iii	ED THIRTIETI	RIBER GROUP I SUBSCRIBER GROUF		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
							2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROUI		††		O SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWI Chariton Valley (S	YSTEM ID# 010878	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TH	IIRTY-THIRD	SUBSCRIBER GROU	P	ONE HUNDRED TH	IRTY-FOURTH	I SUBSCRIBER GROUF)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
F-4-L DOF-			0.00	T-4-1 DOE-			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TI	HIRTY-FIFTH	SUBSCRIBER GROU	P	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_						
		_						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third Base Rate Fee: Add Enter here and in blo	the base ra	te fees for each subs		Base Rate Fee Fou		\$	0.00	

LEGAL NAME OF OW Chariton Valley						S	YSTEM ID# 010878	Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EACH		RIBER GROUP	D	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
		-						for
								Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED T	HIRTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			***************************************			
		-						
		-						
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Chariton Valley (S	010878	Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EACH		RIBER GROUP SUBSCRIBER GROUP	D	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROUP	0	ii e		I SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			U	COMMUNITY/ AREA			U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	010878	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC				
		SUBSCRIBER GROU		Ti .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
		=						Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FOR	EV OEVENTU	CURCODIRED CROU	D.	ONE HUNDRED FO	ODTY FIGURE	I SUBSCRIBER GROUI	<u> </u>	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ ARE		SUBSCRIBER GROUI	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the base ra teck 3, line 1,	te fees for each subs space L (page 7)	criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER Chariton Valley Co						S	YSTEM ID# 010878	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCR	IBER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRED) FIFTIETH	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						<u> </u>		and
								Syndicated
		-						Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
						<u> </u>		
		•						
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
						-		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROL	JP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
		-						
							···	
						<u> </u>		
		•				•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI Chariton Valley						S	YSTEM ID# 010878	Name
		COMPUTATION O		TE FEES FOR EAC		RIBER GROUP	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
		·						Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
			0.00				2.22	
Total DSEs	Croup	<u> </u>	0.00	Total DSEs	and Craun	•	0.00	
Gross Receipts First	Group	\$ [0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	ONE HUNDRED COMMUNITY/ ARE		I SUBSCRIBER GRO	UP 0	
				OOWINGTIT IT AIRE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs		П	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

Chariton Valley Commur	ications Corp.					010878
BLOCK A	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	RIBER GROUP	
ONE HUNDRED FIFTY-SEVENT	H SUBSCRIBER GROU		H		I SUBSCRIBER GROUP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	····					
					<u> </u>	
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00
1033 Receipts 1 list Gloup	Ψ	<u> </u>	Gross receipts occo	па Огоар	Ψ	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
Jase Rate Fee First Group ONE HUNDRED FIFTY-NINT	L				\$ I SUBSCRIBER GROUF	<u></u>
ONE HUNDRED FIFTY-NINT	L			ED SIXTIETH		<u></u>
ONE HUNDRED FIFTY-NINT	L	P	ONE HUNDR	ED SIXTIETH))
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT OMMUNITY/ AREA	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT OMMUNITY/ AREA	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GROU	P 0	ONE HUNDR COMMUNITY/ AREA	ED SIXTIETH	I SUBSCRIBER GROUF	0
ONE HUNDRED FIFTY-NINT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GROU	DSE DSE O.00	ONE HUNDR COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE
ONE HUNDRED FIFTY-NINT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GROU	DSE	ONE HUNDR COMMUNITY/ AREA CALL SIGN	DSE	I SUBSCRIBER GROUF	DSE O.00
COMMUNITY/ AREA	H SUBSCRIBER GROU	DSE DSE O.00	ONE HUNDR COMMUNITY/ AREA CALL SIGN Total DSEs	DSE th Group	CALL SIGN	DSE O.00

Chariton Valley C					101:57:	IDED 05.11=		
В		SUBSCRIBER GRO		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	ID	
COMMUNITY/ AREA	North	CODOCINIDEIX CINC	OI	COMMUNITY/ AREA		GODGONIDEN GNO	J1	9
SOMMONT IT THE				COMMONT IT THE				Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv
								Surcharg
								for
								Partially Distant
								Stations
								Stations
otal DSEs			0.00	Total DSEs	·	•	0.00	
ross Receipts First G	roup	\$ 648	3,430.66	Gross Receipts Secor	na Group	\$ 1	78,075.96	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ase Rate Fee First G				Base Rate Fee Secon			•	
	THIRD	SUBSCRIBER GRO			FOURTH	SUBSCRIBER GROU	•	
	THIRD			Base Rate Fee Secon COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	•	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD				FOURTH	SUBSCRIBER GROU	•	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	THIRD South	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
CALL SIGN	THIRD South	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA CALL SIGN otal DSEs	THIRD South DSE	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA CALL SIGN	FOURTH Southwe	SUBSCRIBER GROUPST	JP DSE	
CALL SIGN CALL SIGN Total DSEs	THIRD South DSE	SUBSCRIBER GRO	DSE DSE D.000	COMMUNITY/ AREA CALL SIGN Total DSEs	FOURTH Southwe	SUBSCRIBER GROUPST	JP DSE O.00	
Fotal DSEs Gross Receipts Third (THIRD South DSE	SUBSCRIBER GRO CALL SIGN \$ 135	DSE 0.00 i,600.88	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	FOURTH Southwe	SUBSCRIBER GROUPST	DSE 0.00 33,040.66	
OMMUNITY/ AREA CALL SIGN otal DSEs cross Receipts Third (THIRD South DSE	SUBSCRIBER GRO	DSE DSE D.000	COMMUNITY/ AREA CALL SIGN Total DSEs	FOURTH Southwe	SUBSCRIBER GROUPST	JP DSE O.00	
CALL SIGN CALL SIGN Otal DSEs	THIRD South DSE	SUBSCRIBER GRO CALL SIGN \$ 135	DSE 0.00 i,600.88	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	FOURTH Southwe	SUBSCRIBER GROUPST	DSE 0.00 33,040.66	

NI	YSTEM ID# 010878	S						LEGAL NAME OF OWNE Chariton Valley Co
				TE FEES FOR EACH				BL
<u>,</u> 9		SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GROU		
0 Computati	0			COMMUNITY/ AREA			East	COMMUNITY/ AREA
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	•			Base Rate Fee Secon				5
O	JP				JP			5
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SCOMMUNITY/ AREA
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SCOMMUNITY/ AREA
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SCOMMUNITY/ AREA
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SCOMMUNITY/ AREA
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SCOMMUNITY/ AREA
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O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SCOMMUNITY/ AREA
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SCOMMUNITY/ AREA
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SCOMMUNITY/ AREA
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SCOMMUNITY/ AREA
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SCOMMUNITY/ AREA
O	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	CALL SIGN
O	JP 0 DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs
O	DSE DSE O.00	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	JP O DSE O O O O O O O O O O O O O	SUBSCRIBER GROU	DSE	SCOMMUNITY/ AREA
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Name	YSTEM ID# 010878	S						LEGAL NAME OF OWNE Chariton Valley Co
				TE FEES FOR EACH				Bl
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GROU	NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						—		
and		<u> </u>						
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Exclusivity Surcharge								
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	0.00	11	<u> </u>					
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gi
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GROU	EVENTH	El
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
								
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third G

NI	YSTEM ID# 010878					ations Corp.	ommunic	Chariton Valley Co
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTEENTH			SUBSCRIBER GROU	RTEENTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
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	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
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	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TEENTH	FII COMMUNITY/ AREA CALL SIGN
	0.00 JP Ose	\$ SUBSCRIBER GROU	d Group XTEENTH DSE	Base Rate Fee Secon S COMMUNITY/ AREA CALL SIGN	JP 0	\$ SUBSCRIBER GROU	DSE	Base Rate Fee First G FII COMMUNITY/ AREA

	COMPLITATION	ב פעכר בי	TE EEEC EAD EAA!		IDED CDOLID	
	H SUBSCRIBER GRO		TE FEES FOR EACH		SUBSCRIBER GRO	UP
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					†	
otal DSEs		0.00	Total DSEs	•		0.00
						-
ross Receipts First Group	\$	0.00	Gross Receipts Seco	na Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00
•						•
NINTEENT	SUBSCRIBER GRO			WENTIETH	\$ SUBSCRIBER GRO	•
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NINTEENT OMMUNITY/ AREA	H SUBSCRIBER GRO	OUP 0	T COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP 0
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NINTEENT	H SUBSCRIBER GRO	OUP 0	T COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP 0
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ross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
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Nonpermitted 3.75 Stations

	nications Corp.					010878
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se Rate Fee First Group		0.00	Base Rate Fee Sec	and Group	•	0.00
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9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
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9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST :	
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9		SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GROL	TY-FIFTH	
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	0.00 0.00 UP	\$ SUBSCRIBER GROU	l Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First G SIXTY-S COMMUNITY/ AREA
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	0.00 UP DSE	\$ SUBSCRIBER GROU	d Group Y-EIGHTH DSE	Base Rate Fee Secon SIXT COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROU	DSE	SIXTY-SECOMMUNITY/ AREA CALL SIGN

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		UBSCRIBER GROU				SUBSCRIBER GROU	UP
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ross Receipts First Group	9	;	0.00	Gross Receipts Second	d Group	\$	0.00
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ase Rate Fee First Group	\$	5	0.00	Base Rate Fee Second	d Group	\$	0.00
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Name	YSTEM ID# 010878					cations Corp.	R OF CABL	Chariton Valley Co
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
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9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROL	TY-FIRST	
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
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				TE FEES FOR EACH				
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
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		e fees for each subso	riber group	as shown in the boxes	above.	\$		

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LEGAL NAME OF OWNER OF CAC Chariton Valley Commu						010878	Name
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Nonpermitted 3.75 Stations

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Name	YSTEM ID# 010878	S`						LEGAL NAME OF OWNE Chariton Valley Co
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Name	YSTEM ID# 010878	S'						LEGAL NAME OF OWNE Chariton Valley Co	
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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 010878 Chariton Valley Communications Corp. 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 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

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Chariton Valley Communications Corp. 010878 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. ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Chariton Valley Communications Corp. 010878 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. ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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