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.

	1			
FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
2/25/2021	\$			
	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			
	Instructions:			
B Owner	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 acco	ss of the cable syster on the last day of to unting period.	em. he accounting period should st	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Horry Telephone Cooperative Inc			
				00176220202
				001762 2020/2
	P.O. Box 1820			
	Conway, SC 29528-1820			
С	INSTRUCTIONS: In line 1, give any business or trade names used to			
C	names already appear in space B. In line 2, give the mailing address of	f the system, if dit	ferent from the address giv	en in space B.
System	IDENTIFICATION OF CABLE SYSTEM:			
	001762			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
	(Otty, town, state, 2p code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b
Area	with all communities.	T		
Served	CITY OR TOWN	STATE		
First Community	Loris	SC		
	Below is a sample for reporting communities if you report multiple ch	· · · · · · · · · · · · · · · · · · ·		OUR ORD#
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A	SUB GRP#
Sample	Alliance	MD	В	2
	Gering	MD	В	3

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

FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 001762 Horry Telephone Cooperative Inc Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN **CH LINE UP** SUB GRP# STATE Loris SC Α First SC Aynor Community SC Conway Myrtle Beach SC Α **North Myrtle Beach** SC Α Horry SC Α 1 See instructions for SC В Georgetown additional information on alphabetization. Add rows as necessary.

	_		
I			

Name Legal Name of Owner of Cable System:

Horry Telephone Cooperative Inc

001762

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBER	S RATE		
Residential:						
 Service to first set 	See Section E Tak	!				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		T		······		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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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.

		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	ection F Tab	Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		• Pay cable		
•Burglar protection		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
First set		Burglar protection		
 Additional set(s) 		Other services:		
• FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

Horry Telephone Cooperative, Inc. 001762

Block 1

CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:		
Service to first set	52,199	\$31.00
(includes bulk billed equivalent units)		
Service to additional sets	0	0
FM Radio	0	0
Form Motel, Hotel	0	0
Commercial Converter	0	0
Residential		
Digital Standard	60	\$7.99
Digital Advanced (HD & DVR)	57533	\$10.00
Cable Cards	301	\$1.95
Non-residential		

Block 2

CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:		
Service to first set		
(includes bulk billed equivalent units)		
Service to additional sets		
FM Radio		
Motel, Hotel		
Commercial Converter		
Residential		
Digital Standard		
Digital Advanced (HD & DVR)	2	\$5.00
Non-residential		

Horry Telephone Cooperative, Inc. 001762

Block 1

CATEGORY OF SERVICE	RATE
Continuing Services:	
Expanded Basic Tier	\$57.95
Digital Basic Tier	\$10.75
Digital Expanded Tier	\$5.00
High Definition Tier	\$0.00
Encore Movie Pak	\$5.99
Starz Movie Pak	\$9.24
HBO Package	\$14.99
Epix Package	\$10.00
Showtime Package	\$15.99
Pay-Per-View – InDemand Movies	\$3.95
Pay-Per-View – InDemand Events	Price Varies
Pay-Per-View – Hot Choice	Price Varies
Video-On-Demand – TVN Movies	\$3.95
Video-On-Demand – TVN Events	Price Varies
Installation: Residential	
First Set:	\$35.00
Additional Set:	\$25.00
Outlet Relocation:	\$20.00
Move to New Address – Pre-Wired	\$25.00
Move to New Address – Not Pre-Wired	\$35.00
Installation: Non-residential	
Motel, Hotel	
Commercial	
Pay Cable	
Pay Cable – Add'l Channel	
Fire Protection	
Burglar Protection	
Other Services:	
Reconnect	\$25.00
Disconnect	
Outlet Relocation – Subsequent	\$5.00
Move to New Address	

FORM SA3E. PAGE						
	WNER OF CABLE SY				SYSTEM ID	Name
Horry Teleph	none Cooperat	tive Inc			00176	2
PRIMARY TRANSMI	TTERS: TELEVISION	ON				
carried by your cab FCC rules and regu 76.59(d)(2) and (4) substitute program	le system during t ulations in effect o , 76.61(e)(2) and o basis, as explaine	the accountin n June 24, 19 (4), or 76.63 (ed in the next	g period except 981, permitting to (referring to 76.0 paragraph	(1) stations carri the carriage of ce 61(e)(2) and (4))]	ns and low power television stations) ed only on a part-time basis under retain network programs [sections ; and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifo		-	•		ouze cyclem on a cazemate program	Tolovision
	•		st it in space I (t	he Special State	ment and Program Log)—if the	
 List the station he 	r information cond	ace I, if the st			stitute basis and also on some othe of the general instructions located	
Column 1: List of each multicast streact as stream as "WE WETA-simulcast). Column 2: Give	each station's call am associated wit ETA-2". Simulcast the channel num	th a station ac streams mus	ecording to its or to be reported in thas assigned to	ver-the-air design column 1 (list ea the television st	ces such as HBO, ESPN, etc. Identify nation. For example, report multi ich stream separately; for example ation for broadcasting over-the-air in its may be different from the channe	
on which your cable Column 3: Indic	e system carried t cate in each case	he station whether the s	station is a netw	ork station, an in	dependent station, or a noncommerciaticast), "I" (for independent), "I-M	
For the meaning of Column 4: If the planation of local se Column 5: If you	these terms, see e station is outside ervice area, see p u have entered "Y	page (v) of the the local ser age (v) of the es" in columr	ne general instructions (i.e. ' vice area, (i.e. ' general instruction 4, you must co	uctions located in 'distant"), enter " tions located in to omplete column 5	commercial educational multicast) the paper SA3 form Yes". If not, enter "No". For an ex he paper SA3 form is, stating the basis on which you entering "LAC" if your cable syster	
For the retransm	station on a part-ti	t multipact etr	com that is not	cubicat to a raya	Ity payment because it is the subject	
of a written agreem the cable system at tion "E" (exempt). F explanation of thes Column 6: Give	nission of a distantent entered into one a primary transfor simulcasts, alse three categories the location of earor Canadian station	on or before J smitter or an a so enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups	une 30, 2009, b association repr f you carried the r) of the general or U.S. stations we the name of the use a separate	etween a cable sesenting the prime channel on any instructions loca, list the community we space G for each	Ity payment because it is the subject system or an association representing transmitter, enter the designatother basis, enter "O." For a furthe sted in the paper SA3 form ity to which the station is licensed by the ith which the station is identified the channel line-up.	
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FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Horry Telephone Cooperative Inc

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 Primary

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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a 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 ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

CHANNEL LINE-UP A									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WPDE-D4	15.4	N-M	No		Florence, SC				
WUNJ	39	Е	No		Wilmington, NC				
WWMB-D1	21.1	N	No		Florence, SC				
WWMB-D3	21.3	N-M	No		Florence, SC				

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Horry Telephone Cooperative Inc

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

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 progran basis under specifc FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a 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 ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	В	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
wcsc	5	N	No		Charleston, SC
WFXB-D1	43.1	N	No		Myrtle Beach, SC
WFXB-D3	43.3	N-M	No		Myrtle Beach, SC
WFXB-D4	43.4	N-M	No		Myrtle Beach, SC
WGSC-CD	8.1	N	No		Murrells Inlet, SC
WHMC-D1	9.1	E	No		Conway, SC
WHMC-D2	9.2	Е	No		Conway, SC
WHMC-D3	9.3	E	No		Conway, SC
WHMC-D4	9.4	Е	No		Conway, SC
WMBF-D1	32.1	N	No		Myrtle Beach, SC
WMBF-D2	32.2	N-M	No		Myrtle Beach, SC
WMBF-D3	32.3	N-M	No		Myrtle Beach, SC
WPDE-D1	15.1	N	No		Florence, SC
WPDE-D2	15.2	N-M	No		Florence, SC
WPDE-D3	15.3	N-M	No		Florence, SC
WPDE-D4	15.4	N-M	No		Florence, SC
WCBD-D1	2.1	N	No		Charleston, SC
WCBD-D2	2.2	N-M	No		Charleston, SC

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Horry Telephor	ne Cooperat	tive Inc			001762	
PRIMARY TRANSMITTI	ERS: TELEVISI	ON				
In General: In space (carried by your cable service for rules and regulate 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Service for substitute Basis Service for substitute station was carried List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-simulcast).	G, identify ever system during to ions in effect of 6.61(e)(2) and sist, as explaine Stations: With CC rules, regular here in space only on a substand also in spaformation conditions. The station's call associated with A-2". Simulcast	y television s the accountin n June 24, 19 (4), or 76.63 ed in the next respect to an ations, or aut G—but do lis stitute basis ace I, if the st cerning subst sign. Do not th a station ac streams mus	g period except 981, permitting to (referring to 76.6) paragraph by distant station horizations: st it in space I (to tation was carried itute basis station report origination coording to its of the reported in	(1) stations carrie the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Staten and both on a subst ons, see page (v) on program service ver-the-air design column 1 (list each	is and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute programment and Program Log)—if the ditute basis and also on some other of the general instructions located less such as HBO, ESPN, etc. Identification. For example, report multich stream separately; for example tition for broadcasting over-the-air in	Primary Transmitters: Television
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		CHANN	EL LINE-UP	В		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WCBD-D4	2.4	N-M	No		Charleston, SC	
						ļ

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

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2020/	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Horry Telephor	ne Cooperat	tive Inc			001762	Name	
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 Basis is basis 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 multifor the meaning of the Column 5: If you h cable system carried the cable system carried the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the C	G, identify ever system during to ions in effect of 6.61(e)(2) and disis, as explained stations: With CC rules, regular here in space only on a substand also in spanformation conditions. Chastation's call associated with associated with a carried to ein each case of entering the legister carried to ein each case of entering the legister carea, see pave entered "Y he distant station is outside ice area, see pave entered "Y he distant station is on a part-tipion on a part-tipion on a part-tipion of a distant tentered into of a primary transismulcasts, also ree categories elocation of each canadian station.	y television signer accounting in June 24, 19 (4), or 76.63 (4), or 76.6	g period except 981, permitting to 76.4 paragraph y distant station norizations: st it in space I (to ation was carried itute basis station to the reported in the sassigned to annel 4 in Was station is a network), "N-M" all educational), he general instructive area, (i.e. dispensed in the sassigned to a station is a network), "N-M" all educational), he general instructive area, (i.e. dispensed in the sassigned to accounting persed in the same of lack of the general instruction of the general or U.S. stations we the name of the gene	(1) stations carried the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statement of the Special Special Special Special Statement of the Special Sp	res". If not, enter "No". For an ex the paper SA3 form stating the basis on which you netering "LAC" if your cable syster capacity the payment because it is the subject system or an association representing any transmitter, enter the designation of the paper SA3 form the paper SA3 form the station is licensed by the the which the station is identified.	G Primary Transmitters: Television	
		CHANN	EL LINE-UP	AE			
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.					ACCOUNT	ING PERIOD: 2020/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
Horry Telephor	ne Cooperat	ive Inc			001762	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	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 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificant multicast stream as sociated 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 channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M (for independen						
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.						ING PERIOD: 2020/2
LEGAL NAME OF OWN					SYSTEM ID# 001762	Name
Horry Telephor					001762	
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific 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	G, identify ever system during to ions in effect of 6.61(e)(2) and iosis, as explaine Stations: With CC rules, regular here in space only on a substand also in spanformation concorm. The station's call associated with ions in spanformation concorm.	y television single accounting June 24, 19 (4), or 76.63 (g period except 981, permitting to 981, permitting to feeferring to 76.6 paragraph y distant station horizations: st it in space I (the ation was carried itute basis station report origination ecording to its on	(1) stations carrie the carriage of cer of (e)(2) and (4))]; s carried by your the Special Staten and both on a substans, see page (v) on program service ver-the-air design.	s and low power television stations) ad only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute progran ment and Program Log)—if the itute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identification. For example, report multi th stream separately; for example	G Primary Transmitters: Television
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 servic 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	se. For example ystem carried the in each case of entering the lecast), "E" (for nese terms, see ation is outside ice area, see pave entered "Yhe distant staticion on a partitision of a distant tentered into of a primary transsimulcasts, also ree categories e location of each canadian static	e, WRC is Che station whether the setter "N" (for recommercial page (v) of the table tes" in column on during the me basis between the table tes on the table t	nannel 4 in Wasi natation is a netwo network), "N-M" al educational), ne general instruc- vice area, (i.e. " general instruc- accounting per natation of the natation of the pour and the solution of the pour and the solution of the you carried the	hington, D.C. This ork station, an income (for network multion "E-M" (for noncotions located in distant"), enter "Y tions located in the income (for network), enter "Y tions located in the income (for network), enter "Y tions located in the income (for network), enter the enter a cable system of the prime of the prime of the prime of the instructions located its the community with the community with space G for each	es". If not, enter "No". For an ex see paper SA3 form stating the basis on which you ntering "LAC" if your cable syster capacity by payment because it is the subject stem or an association representing transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the the which the station is identified.	
1. CALL SIGN	2. B'CAST CHANNEL	CHANN 3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Horry Telephone Cooperative Inc PRIMARY TRANSMITTERS: TELEVISION	SYSTEM ID# 001762	Name				
PRIMARY TRANSMITTERS: TELEVISION	001762					
l						
In General: In space G, identify every television station (including translator stations and low power televisic arried by your cable system during the accounting period except (1) stations carried only on a part-time ba FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [9, 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 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 subst 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)—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 s basis. For further information concerning substitute basis stations, see page (v) of the general instruction in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, each multicast stream associated with a station according to its over-the-air designation. For example, repo cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting ove its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 neducational station, by entering the letter "N" (for network), "N-N" (for network multicast), "I" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational r For the meaning of these terms, see page (v) of the general instructions	sis under sections carried on a itute progran -if the come othe as located etc. Identify rt multi rexample er-the-air ir ne channe concommercia att), "I-M nulticast) or an ex ch you le syster the subjec representin designa or a furthe n licensed by the	G Primary Transmitters: Television				
CHANNEL LINE-UP AH						
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE (If Distant) 6. LOCATION OF STATE (If Distant)	TION					

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	_				SYSTEM ID# 001762	Name
Horry Telephor					001762	
PRIMARY TRANSMITTE	RS: TELEVISION	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S 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	eystem during toons in effect of a fel (e)(2) and to a fel (e)(3) and to a fel (e)(4)	the accounting in June 24, 19 (4), or 76.63 (4), or 76.63 (4) and in the next respect to an ations, or autility of G—but do list titute basis ace I, if the stocerning substitute in a station active as the station active ams must ber the FCC I e, WRC is Ch	g period except 081, permitting to 1081, permitti	(1) stations carrie he carriage of cer 61(e)(2) and (4))]; s carried by your he Special Statened both on a substans, see page (v) on program serviciver-the-air design column 1 (list each the television states)	s and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute progran ment and Program Log)—if the ditute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example tion for broadcasting over-the-air in s may be different from the channe	Primary Transmitters: Television
Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the staplanation of local service Column 5: If you have cable system carried the distant station For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	in each case entering the lecast), "E" (for noise terms, see ation is outside ce area, see per entered "Yene distant station on a part-tion of a distant entered into of a primary transfirmulcasts, also ree categories elocation of each canadian station	whether the setter "N" (for roncommercial page (v) of the the local services" in column on during the me basis becent multicast strain or before Justilian or before Justilian or enter "E". If so, see page (vach station. Foons, if any, given concerts and given the station.	network), "N-M" al educational), on egeneral instructivice area, (i.e. "general instruction 4, you must contact accounting perion accounting perion accounting perion accounting perion account accoun	(for network multior "E-M" (for noncuctions located in idistant"), enter "Ytions located in the implete column 5, iod. Indicate by elactivated channel subject to a royall etween a cable syesenting the primarchannel on any constructions located its the community wither community with instructions in the community wither instructions in the community wither community with instructions located in the community with the community with instructions located in the community with the community with instructions located in the community with the communit	res". If not, enter "No". For an ex see paper SA3 form stating the basis on which you netering "LAC" if your cable syster capacity ty payment because it is the subject system or an association representing ary transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form ty to which the station is licensed by the the which the station is identifec	
•		-	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.					ACCOUNT	ING PERIOD: 2020/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
Horry Telephor	ne Cooperat	ive Inc			001762	Name
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), 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for indep						
,	-	CHANN	EL LINE-UP	Δ.Ι		
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	
				(3)		

FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2020/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Horry Telephor	ne Cooperat	ive Inc			001762	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	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 progran 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificant 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 it its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network," "N-M" (for network multicast)," "(for independent)," "I-M (for independent						Primary Transmitters: Television
		CHANN	EL LINE-UP	AK	·	
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.					P	ACCOUNTIN	NG PERIOD: 2020/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:				EM ID#	Name
Horry Telephor	ne Cooperat	ive Inc			0	01762	Name
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), 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificath 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 channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "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 e							G Primary Transmitters: Television
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	n channel line-up.		
		CHANN	EL LINE-UP	AL			
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		

	NER OF CABLE SYS	TEM:			SYSTEM ID#	
Horry Telepho	ne Cooperativ	ve Inc			001762	Name
PRIMARY TRANSMITT	ERS: TELEVISION	N				
•			, ,		s and low power television stations)	G
				• •	ed only on a part-time basis under tain network programs [sections)
•				•	and (2) certain stations carried on a	Primary
substitute program ba				a carried by your	cable system on a substitute program	Transmitters
basis under specifc F			•	s carried by your	cable system on a substitute progran	Television
•	, 0	,		he Special Statem	nent and Program Log)—if the	
station was carried	•		ation was sarria	d both on a subst	itute basis and also an eams othe	
	•				itute basis and also on some othe of the general instructions located	
in the paper SA3 fo	orm.	-		,	-	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi ch stream separately; for example	
WETA-simulcast).			·	,		
			•		tion for broadcasting over-the-air ir may be different from the channe	
on which your cable s			iaililei 4 III vvasi	nington, D.C. This	s may be different from the charme	
					ependent station, or a noncommercia	
					cast), "I" (for independent), "I-M commercial educational multicast)	
For the meaning of th	,, ,		,,	`	,	
			•	•	es". If not, enter "No". For an ex	
planation of local serv		ge (v) of the	general instruc	tions located in th	e naner SA3 form	
	have entered "Yes	s" in column				
•			n 4, you must co	mplete column 5,	stating the basis on which you ntering "LAC" if your cable syster	
cable system carried to carried the carried the distant sta	the distant statior tion on a part-tim	n during the le basis bec	a 4, you must co accounting per cause of lack of	omplete column 5, iod. Indicate by er activated channel	stating the basis on which you ntering "LAC" if your cable syster capacity	
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FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2020/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
Horry Telephor	ne Cooperat	ive Inc			001762	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater 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 if its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for indepen						Primary Transmitters: Television
Note: If you are utilizing			•	•	i diamer into up.	
	<u> </u>	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	
	I			I		

Horry Telephone Cooperative Inc 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 print substitute program basis, as explained in the next paragraph	FORM SA3E. PAGE 3	3.				ACCOUNT	ING PERIOD: 2020/
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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 lesction: 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)	Horry Teleph	one Cooperat	tive Inc			001762	
carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 75.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(4) and 76.61(e)(PRIMARY TRANSMI	TTERS: TELEVISION	ON				
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1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	-		CHANN	EL LINE-UP	AO		-
		CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					Account	
LEGAL NAME OF OWN					SYSTEM ID#	Name
Horry Telephor	ne Cooperat	ive Inc			001762	
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 [section: 76.59(l)(2) and (4), 76.616(le)(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 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated 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 channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M (for independen						Primary Transmitters: Television
		CHANN	EL LINE-UP	AP		
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.						ING PERIOD: 2020/
LEGAL NAME OF OWN					SYSTEM ID#	Name
Horry Telephor	-				001762	
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	-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 Long Form (Rev. 05-17) U.S. Copyright Office

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
Horry Telephor	ne Cooperat	ive Inc			001762	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.63(e)(2) and (4), 76.61(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 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifieach 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), ""						G Primary Transmitters: Television
		CHANN	EL LINE-UP	AR		
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.					ACCOUNT	NG PERIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
Horry Telephor	ne Cooperat	ive Inc			001762	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
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Note: If you are utilizing	.ga.a.p.o oa.		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 Long Form (Rev. 05-17) U.S. Copyright Office

FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2020/
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Nama
Horry Telephor	ne Cooperat	ive Inc			001762	Name
PRIMARY TRANSMITT	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 basubstitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List each multicast stream cast stream as "WETA-Simulcast). Column 2: Give thits community of licens on which your cable is Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 5: If you h cable system carried the 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 of ions; With CC rules, regular here in space only on a subsand also in spanformation conorm. ch station's call associated with A-2". Simulcast e channel numbers en each case of entering the legant of ions is outside ice area, see plave entered "Y he distant station on a part-itision of a distant tentered into of a primary trans simulcasts, als here categories e location of each	y television sine accounting the accounting of the account of the	g period except 281, permitting to 261, permitting to 76.1 paragraph y distant station norizations: st it in space I (to ation was carried itute basis station to the reported in the sassigned to annel 4 in Was station is a network), "N-M" all educational), he general instructive area, (i.e. do 1, you must conduce and 1, you must conduce and 1, and 1, you must conduce 30, 2009, by association reprised you carried the you carried the you carried the you carried the you stations.	(1) stations carriethe carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statement of the Special Statem	es". If not, enter "No". For an ex le paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	G Primary Transmitters: Television
Note: If you are utilizing	ng multiple cha		•		n channel line-up.	
	1	CHANN	EL LINE-UP	AI	1	
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.					ACCOUNT	VIING PERIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID	Nama
Horry Telephor	ne Cooperat	tive Inc			00176	2
PRIMARY TRANSMITTE	ERS: TELEVISI	ON				
In General: In space (carried by your cable services and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Substitute	G, identify ever system during to ions in effect of 6.61(e)(2) and sis, as explained stations: With CC rules, regular here in space only on a substand also in spartformation condum. The station's call associated with associated with associated with associated with a carried to a in each case of entering the legant of the cast), "E" (for neese terms, see ation is outside to a rea, see pave entered "Y he distant station on a part-tipion of a distant at entered into ca primary transismulcasts, also ree categories e location of each	by television sy the accounting of the station of the station. For the station of the station of the station of the station. For the station of the station of the station of the station. For the station of the station of the station of the station. For the station of the stat	g period except 981, permitting to 76.6 paragraph y distant station horizations: st it in space I (the ation was carried itute basis station coording to its own to be reported in has assigned to hannel 4 in Wasi station is a network), "N-M" all educational), he general instructivice area, (i.e. "a general instruction of a you must conduce to 14, you must conduce and the station of lack of seam that is not tune 30, 2009, be association report for you carried the you stations,	(1) stations carried he carriage of cer 61(e)(2) and (4))]; as carried by your he Special Staten and both on a substant, see page (v) on program service ver-the-air designation of the television statington, D.C. This ork station, an incomplete column 1 (for network multion "E-M" (for noncuctions located in the distant"), enter "Yetions located in the program of the television of the television statington, D.C. This ork station, an incomplete column 5, incomplete colu	es". If not, enter "No". For an ex le paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	Primary Transmitters: Television
Note: If you are utilizing	ng multiple cha	nnel line-ups	, use a separate	space G for each	n channel line-up.	
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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.					ACCOUNT	ING PERIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
Horry Telephor	ne Cooperat	tive Inc			001762	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
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 ε substitute program basis, as explained in the next paragraph Substitute pasis 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificach multicast stream as seociated 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 channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), ""						G Primary Transmitters: Television
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	e space G for each	n channel line-up.	
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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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LEGAL INAIVIE OF OWI	NER OF CABLE SYST	ТЕМ:			SYSTEM ID#		
Horry Telepho	ne Cooperativ	ve Inc			001762	Name	
RIMARY TRANSMITT	TERS: TELEVISION	N					
					s and low power television stations)	G	
	ied by your cable system during the accounting period except (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections						
•	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						
	itute program basis, as explained in the next paragraph ibstitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
			•	is carried by your	cable system on a substitute progran	Televisio	
easis under specifc F Do not list the statio				he Special Statem	nent and Program Log)—if the		
station was carried	•						
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basis. For further in the paper SA3 f		rning substi	tute basis statio	ons, see page (v)	of the general instructions located		
• •		ign. Do not	report origination	on program service	es such as HBO, ESPN, etc. Identify		
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	A-2". Simulcast st	treams mus	t be reported in	column 1 (list eac	ch stream separately; for example		
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			•		s may be different from the channe		
n which your cable s	,				,		
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					cast), "I" (for independent), "I-M commercial educational multicast)		
or the meaning of th							
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lanation of local serv				tions located in th	e paper SA3 form		
Column 3. II you i			1 Voll must co	mnlete column 5			
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 001762 Horry Telephone Cooperative Inc PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SAJE. PAGE 5.						ACCOUNTING	PERIOD: 2020/2
Horry Telephone Coop					S	3YSTEM ID# 001762	Name
SUBSTITUTE CARRIAGE	- SPECIA	I STATEMEI	NT AND PROGRAM LOC	<u> </u>			
In General: In space I, identi substitute basis during the ac explanation of the programm form.	ify every nor	nnetwork televiseriod, under spe	sion program broadcast by a	a distant station C rules, regu	lations, or authorizations.	For a further	 Substitute
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							Carriage:
During the accounting per				is, any nonn	etwork television prograi	m	Special Statement and
broadcast by a distant stat		·		•		X No	Program Log
Note: If your answer is "No"	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	nust complete the progra	ım	
log in block 2. 2. LOG OF SUBSTITUTE	DDOGDA	MS					
In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please; of every no distant stat gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static ath and day ye "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach addition nnetwork televion and that your authorization at use general of a Basketball: deast live, entestation broadca on's location (thous, if any, the when your system a program carrillisted program carrillisted program ons in effect du	al pages. ision program (substitute pour cable system substitute is. See page (vi) of the gercategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the item carried the substitute ingram was carried by your led by a system from 6:01:	orogram) that ad for the pro neral instructi "basketball" No." Im. station is lice station is ide program. Us cable system 15 p.m. to 6: amming that I; enter the le	t, during the accounting gramming of another statements located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the mon. List the times accurate 28:30 p.m. should be your system was require etter "P" if the listed pro	ation nth	
				WHE	EN SUBSTITUTE	7 DEAGON	
S	UBSTITUT	E PROGRAM	<u> </u>		IAGE OCCURRED	7. REASON FOR	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: Horry Telephone Cooperative Inc SYSTEM ID# 001762								
	PART-TIME CA	ARRIAGE LOG								
J Part-Time Carriage Log										
		<u> </u>	DATES	AND HOURS	OF F	PART-TIME CAF	RRIAGE			
	CALL SIGN	WHEN	I CARRIAGE OCCL	JRRED		CALL SIGN	WHEN	N CARRIAGE OCC	URR	RED
	CALL SIGN	DATE	HOUF FROM	RS TO		CALL SIGN	DATE	HOU FROM	IRS	TO
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	AL NAME OF OWNER OF CABLE SYSTEM: PARTY Telephone Cooperative Inc	SYSTEM ID# 001762	Name
Inst all a (as i page	COSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the to amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission sidentifed in space E) during the accounting period. For a further explanation of how to compute this amount, ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ervice	K Gross Receipts
		9,856,734.11 ss receipts)	
Instru Com Com If yo fee f If yo acco	YRIGHT ROYALTY FEE Juctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. In our system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. In our system did carry any distant television stations, you must complete the applicable parts of the DSE Sched companying this form and attach the schedule to your statement of account. In art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of ck 3 below.		L Copyright Royalty Fee
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in bleelow.		
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line a block 4 below.		
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of t system's gross receipts for the accounting period.		
	Line 2. Multiply the amount in line 1 by 0.01064	9,856,734.11	
	Enter the result here. This is your minimum fee.	104,875.65	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule.		
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		
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger 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	Cable systems submitting additional
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	105,600.65	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #		additional lees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)	on.)	

ACCOUNTING PERIOD: 2020/2

		FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Horry Telephone Cooperative Inc	SYSTEM ID# 001762
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sto its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	tations 26
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	289
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Kelly Barnes Telephone	843-369-8639
	Address 3480 Hwy 701 North, P.O. Box 1820 (Number, street, rural route, apartment, or suite number)	
	Conway, SC 29526 (City, town, state, zip)	
	Email kelly.barnes@htcinc.net Fax (optional) 843-365-1	1999
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regula	ations.)
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B	; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	er of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	herein
	X /s/ Carlton Lewis	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa	
	Typed or printed name: Carlton Lewis	
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	Date: February 26, 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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
Horry Telephone Cooperative Inc	001762	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuants." For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form.	system for the basic em shall not include sub- quant to section 119."	Special Statement Concerning Gross Receipts
During the accounting period did the cable system exclude any amounts of gross receipts for semade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	condary transmissions	Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late pay For an explanation of interest assessment, see page (viii) of the general instructions in the paper		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For function for the Licensing Division at (202) 707-8150 or licensing@copyright.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the oplease list below the owner, address, first community served, accounting period, and ID number 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 numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

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

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

0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

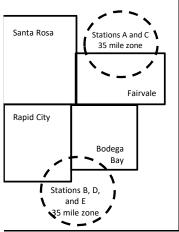
- · When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384,00

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

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

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

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAG					<u> </u>	CTEM ID#
1	LEGAL NAME OF OWNER OF CABI				3	STEM ID#
-	Horry Telephone Coop	erative Inc				001762
	SUM OF DSEs OF CATEGO		NS:			
	Add the DSEs of each station				0.00	
	Enter the sum here and in line	e 1 of part 5 of thi	s schedule.	Į	0.00	
	Instructions:					<u>-</u>
2	In the column headed "Call	Sign": list the ca	III signs of all distant station	s identified by t	ne letter "O" in column 5	
	of space G (page 3).	11. £ l- id		= - #4 O". f		
Computation of DSEs for	In the column headed "DSE mercial educational station, gi			E as 1.0; lore	each network or noncom-	
Category "O"	merolar educational station, g	IVE THE DOL 43 .	CATEGORY "O" STATIO	NS: DSFs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	57 t22 51511		37.122 5.5.1	202	07.122.01.01.1	
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						
						,
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

		l	
•	•	••••••••••	•••••

Name		NER OF CABLE SYSTEM: One Cooperative Inc	•					TEM ID# 001762			
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: I figure should co Column 3: I Column 4: I be carried out a Column 5: I give the type-va Column 6: I	the call sign of all dista For each station, give the prespond with the information each station, give the Divide the figure in coluit least to the third decirion each independent station as ".25." Multiply the figure in coluits.	m carried the state of the state of the carried the result in case of the carried the carr	arried the station during the accounting period. This one DSE for each station. broadcast over the air during the accounting period. The result in decimals in column 4. This figure must							
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs									
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3 JRS D BY	B. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DSE				
			÷		=	x	=				
			÷ ÷		= -	X					
			÷			x x	·····				
			÷		=	x	=				
			÷		=	x	=				
			÷		=	x x	=				
	Add the DSEs of	DF CATEGORY LAC S each station. here and in line 2 of pa		edule,		0.00					
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect Broadcast one space I). Column 2: Foat your option. The Column 3: Er Column 4: Di	on October 19, 1976 (e or more live, nonnetwo or each station give the nis figure should corres nter the number of days vide the figure in colum	itution for a prog as shown by the ork programs du number of live, spond with the in in the calendar in 2 by the figure	gram that your system a letter "P" in column ring that optional carrinonnetwork program formation in space I. I year: 365, except in a in column 3, and give	Nas permitted to 7 of space I); and iage (as shown by s carried in substance I leap year.	delete under FCC rules	e of were deleted				
		SU	BSTITUTE-E	BASIS STATION	S: COMPUTA	TION OF DSEs					
	1. CALL 2 SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	6	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER 4 OF DAYS IN YEAR	1. DSE			
		÷ ÷				÷	=				
				=		÷	=				
		÷		=		+	=				
		÷				÷	=				
	Add the DSEs of	OF SUBSTITUTE-BASI	S STATIONS:	edule,	▶	0.00					
5		R OF DSEs: Give the amapplicable to your system		oxes in parts 2, 3, and	4 of this schedule	and add them to provide	the total				
Total Number	1. Number of D	OSEs from part 2 ●				·	0.00				
of DSEs	2. Number of D	OSEs from part 3 ●			<u> </u>		0.00				
	3. Number of D	OSEs from part 4 ●			>	-	0.00				
	TOTAL NUMBER	OF DSEs				>		0.00			

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

	owner of cable sone Cooperativ						S	YSTEM ID# 001762	Namo
	ck A must be comp	oleted.							
n block A: If your answer if chedule.	"Yes," leave the re	mainder of pa	art 6 and part	7 of the DSE sched	lule blank and	d complete part	8, (page 16) of the	е	6
	"No," complete blo	cks B and C	pelow.						
				TELEVISION M.					Computation of 3.75 Fee
the cable syster fect on June 24,		utside of all m	ajor and smal	ler markets as defi	ned under sed	ction 76.5 of F0	CC rules and regul	ations in	
			O NOT COMF	PLETE THE REMAI	INDER OF PA	ART 6 AND 7.			
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARF	RIAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatio e DSE Sched	ns prior to Jur ule. (Note: Th	part 2, 3, and 4 of the 25, 1981. For fur the letter M below re Act of 2010.)	ther explanat	ion of permitted	d stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfatherec instructions fo E Carried pursua	les and reguled pursuant to on as defined al educationa I station (76.6 r DSE scheduant to individu	in 76.5(kk) (7 station [76.59) (see paragule). al waiver of Fo	sis on which you callow pertain to thos rket quota rules [76 6.59(d)(1), 76.61(e)(c), 76.61(d), 76.6 raph regarding sub CC rules (76.7) he or substitute bas	e in effect on 5.57, 76.59(b) (1), 76.63(a) 3(a) referring stitution of gra	June 24, 1981, 76.61(b)(c), 76, 76, 76, 76, 76, 76, 76, 76, 76, 76	6.63(a) referring to)	
Column 3:	*(Note: For those this schedule to c	each distant s e stations ider determine the	tation listed in tified by the k DSE.)	parts 2, 3, and 4 o	2, you must co	omplete the wo	т		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		Е	LOCK C: CC	OMPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from լ	art 5 of this	schedule			17-		
ine 2: Enter the	sum of permitte	d DSEs from	block B abo	ve			0	-	
				of DSEs subject 7 of this schedule		rate.		0.00	
ne 4: Enter gro	oss receipts from	space K (pa	ge 7)				ı p		Do any of the
							x 0.03	375	DSEs represe partially permited/
ne 5: Multiply l	ine 4 by 0.0375 a	and enter su	n here				х		partially nonpermitted
ine 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see pare 9 instructions
ine 7: Multiply li	ine 6 by line 5 an	nd enter here	and on line	2, block 3, space	I (page 7)			0.00	

	WNER OF CABLE						S'	YSTEM ID# 001762	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
 									Computation of 3.75 Fee

ACCOUNTING PERIOD: 2020/2

Name	LEGAL NAME OF OWN Horry Telephor									S	YSTEM ID# 001762	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections											
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS											
	1. CALL	2. PRIC	OR 3	ACCOUN	TING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED	
	SIGN	DSE		PERIO)		CARRIAGE	[DSE		DSE	
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.											
Syndicated Exclusivity			BL	OCK A: N	MAJOR I	E	LEVISION MARKI	EI				
Surcharge	Is any portion of the or	cable system v	vithin a top 100	major telev	vision mark	et a	as defned by section 76	6.5 of FCC	rules in effect J	une 24,	1981?	
	Yes—Complete	blocks B and	IC.			-	X No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VHI	F/Grade B Cor	ntour Statio	ns		BLOCK	C: Compu	tation of Exem	pt DSEs	3	
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places	•	,		n	Vas any station listed hity served by the cabl to former FCC rule 76.	le system p				
	Yes—List each s X No—Enter zero a			e permitted I	DSE		Yes—List each sta X No—Enter zero ar			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGI	N I	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE	
			TOTAL DSI	Es	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Horry Telephone Cooperative Inc	SYSTEM ID# 001762	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	9,856,734.11	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. 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 D.	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	_	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	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	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	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	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule.		
4a	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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	l	Horry Telephone Cooperative Inc	001762
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u>
	Instru	ctions:	
8	You m	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pchecked "Yes," use the total number of DSEs from part 5.	oart
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of	1	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bε	elow
Base Rate Fee	blank		3.011
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "lo e area," see page (v) of the general instructions.	cal
	Service	s area, see page (v) or the general historicions.	
		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?	
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$ 9,856,734	.11_
	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.).	0.00
	04:	ass the total number of DoEs from part o.j.	<u> </u>
	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)▶ \$	<u>-</u>
		B. Enter 0.00701 of gross receipts (the amount in section 1)▶ _ \$ 69,095.71	
		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	<u>-</u>
		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.	-
		- μ	<u></u> .

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

LEGAL N	AND OF OMNER OF OAD I SOVOTEM.	0.0751410.0	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 001762	Name
ноггу	Telephone Cooperative Inc	001702	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		•
_	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) >		
	B. Enter 0.00701 of gross receipts		
	(the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F Multiply line D by line F and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	Dase rate i ee		
IMPOR	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad	adcast signals	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.	le channel line-	9
-	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat	a fee to exclude	•
	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation of
this ex	clusion, you must:		Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista	ant to the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ		Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge
_			for Partially
must a	If any portion of your cable system is located within the top 100 television market and the station is not exemple compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A er, if your cable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant	station you	Stations
	to that community.		
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers we • the station's local service area. A subscriber located outside the local service area of a station is distant to tha 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 distriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No		
system	will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
_	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your iber groups.	system's	
In each	section:		
	fy the communities/areas represented by each subscriber group.		
subscri	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant ibers in the group.	o all of the	
• If:		.,	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gavi of this schedule; or,	∍ it in parts 2, 3,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i 6 of this schedule.	in block B,	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	alate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene e paper SA3 form.	ral instructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group for that group's complement of stations and total gross receipts from the subscribers in that group). You do not ctual calculations on the form.	that is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 001762 **Horry Telephone Cooperative Inc** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNER Horry Telephone C						SY	STEM ID# 001762	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROUP)		SECOND	SUBSCRIBER GROUP		_
COMMUNITY/ AREA	HORRY	•		COMMUNITY/ AREA	MYRTLE	BEACH		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
								Gtationio
								
							ļ	
							ļ	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 7,358,	536.01	Gross Receipts Second	d Group	\$ 829,753.13		
							T	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROUP)		FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	LORIS			COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				_		
		-				_		
	.							
	 							
							ļ	
	 							
					L			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 101,	988.72	Gross Receipts Fourth	Group	\$ 3	7,565.94	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth Group \$ 0.00		0.00		
				<u> </u>				
			ber group a	s shown in the boxes ab	ove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

NI	STEM ID# 001762	SYS						LEGAL NAME OF OWNER Horry Telephone C
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (В
)	SUBSCRIBER GROUP	SIXTH		Р	SUBSCRIBER GROU	FIFTH	
9 Computa		MYRTLE BEACH	NORTH I	COMMUNITY/ AREA		ΑΥ	CONWA	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
for Partiall Distant								
			-					
Surcharg for Partially Distant								
1								
1								
for Partially Distant Stations							-	
	<u> </u>		ļ					
1			ļ				-	
1								
1								
1								
Distant	0.00			Total DSEs	0.00			otal DSEs
		. 32/	l Group	Gross Receipts Second	079.81	s 555,	oup	Gross Receipts First Gr
	4,065.76	\$ 324	i Group					
	4,065.76	3 324	Gloup					
	0.00	\$		Base Rate Fee Second	0.00	\$	oup	3ase Rate Fee First Gr
	0.00		l Group		'	\$ SUBSCRIBER GROU		
	0.00	\$ SUBSCRIBER GROUP	l Group	Base Rate Fee Second	'	,	SEVENTH	5
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Second	'	SUBSCRIBER GROU	SEVENTH	5
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second	P	SUBSCRIBER GROU	SEVENTH GEORG	COMMUNITY/ AREA
	DSE	\$ SUBSCRIBER GROUP	I Group EIGHTH MARION	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	SEVENTH GEORG	CALL SIGN
	0.00	\$ SUBSCRIBER GROUP	EIGHTH MARION DSE	CALL SIGN Total DSEs	DSE O.00	SUBSCRIBER GROU GETOWN CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
	DSE	\$ SUBSCRIBER GROUP	EIGHTH MARION DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU GETOWN CALL SIGN	DSE	COMMUNITY/ AREA

Horry Telephone (001762 Name	
<u>E</u>				TE FEES FOR EACH			ID	
		SUBSCRIBER GRO	JUP .	COMMUNITY/ADEA		SUBSCRIBER GROU	JP .	9
COMMUNITY/ AREA	NICHOL	_3		COMMUNITY/ AREA	MULLIN	5		Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0,122 0.0.1	1 2 2 1	07122 07011	302	57.122 5751.1	202	07.122 0.011	332	Base Rate
								and
								Syndicate
						_		Exclusivi
						_		Surcharg
								for
								Partially
								Distant
								Distant Stations
						_		
	<mark></mark>							
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
		•	<u>'</u>					
E		\$ SUBSCRIBER GRO	DUP			\$ SUBSCRIBER GROU	JP	
E		•	<u>'</u>					
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E		•	DUP				JP	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
E COMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
CALL SIGN	LEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
CALL SIGN CALL SIGN Fotal DSEs	DSE	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DDSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE 0 0 0 0 0 0 0 0 0 0 0	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G	DSE	CALL SIGN	DUP 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	DSE	SUBSCRIBER GROU	DSE 0.00 0.00 0.00	
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third G	DSE	CALL SIGN	DDSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE O.00	
CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	DUP 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	DSE	SUBSCRIBER GROU	DSE 0.00 0.00 0.00	

Name	001762					ive inc		LEGAL NAME OF OWNER Horry Telephone C
	0 9			TE FEES FOR EACH				
a	_	SUBSCRIBER GROU	RTEENTH			SUBSCRIBER GROU	RTEENTH	
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate								
_								
						-		
_								
Partiall Distan						-		
Partiall Distan								
Distan						_		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$		Base Rate Fee Second	0.00	\$		
 	<u>,</u>	SUBSCRIBER GROU		S	IP	\$ SUBSCRIBER GROU		FII
	<u>,</u>							FII
	JP			S	IP			FII
	JP 0	SUBSCRIBER GROU	IXTEENTH	S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	IXTEENTH	S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	IXTEENTH	S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	IXTEENTH	S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	IXTEENTH	S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	IXTEENTH	S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	IXTEENTH	S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	IXTEENTH	S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	IXTEENTH	S COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
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	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	CALL SIGN

LEGAL NAME OF OWNI Horry Telephone						S	001762	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
SEVE	ENTEENTH	SUBSCRIBER GROU	JP	E	IGHTEENTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
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		-						Syndicated
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								Surcharge
		-						for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
N	INTEENTH	SUBSCRIBER GROU	JP	-	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add t	he base rate	e fees for each subsc	riber aroun	II as shown in the boxes a	above.			
Enter here and in bloc			group			\$		

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				TE FEES FOR EACH				
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.00	0.00 UP	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	oup Y-THIRD	TWENT
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.00	0.00 UP	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	oup Y-THIRD	TWENT
.00	0.00 UP	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	oup Y-THIRD	TWENT
.00	0.00 UP	\$ SUBSCRIBER GROU	l Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	oup Y-THIRD	TWENT
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	DSE	SUBSCRIBER GROUP	DSE	TWENT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	TWENTY-SOMMUNITY/ AREA

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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	ond Group	\$	0.00	
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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	th Group	\$	0.00	
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Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	I
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ase Rate Fee Third Group	s	0.00	Base Rate Fee Fou	rth Group	\$	0.00	ĺ
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	48TEM ID# 001762							LEGAL NAME OF OWNER Horry Telephone C
				TE FEES FOR EACH				
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	U			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computatio DSE of Base Rate Form and Syndicated Exclusivity Surcharge for Partially Distant Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUD FORTY-FIFTH SUBSCRIBER GROUP FORTY-SIXTH SUBSCRIBE COMMUNITY/ AREA COMMUNITY/ AREA	ER GROUP
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Total DSEs Total DSEs	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBE	ER GROUP
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Total DSEs 0.00 Total DSEs	0.00
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	

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				TE FEES FOR EACH				
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NER OF CABLE SYSTEM: e Cooperative Inc	SYSTEM ID# 001762
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
SIXTY-FIRST SUBSCRIBER GROUP SIXTY-SECOND SUBSCRIBER GF O COMMUNITY/ AREA	ROUP 0
COMMONT! Y/ AREA	
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Name	STEM ID# 001762							LEGAL NAME OF OWNER Horry Telephone C
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
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sase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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NI	YSTEM ID# 001762					ive Inc		LEGAL NAME OF OWNER Horry Telephone C
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9		SUBSCRIBER GROUP	-SECOND			SUBSCRIBER GROU	TY-FIRST	
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9		SUBSCRIBER GROUP	-FOURTH	ONE HUNDRED FIFTY	Р	SUBSCRIBER GROU	Y-THIRD	ONE HUNDRED FIFT
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•		SUBSCRIBER GROUP	TY-SIXTH	ONE HUNDRED FIF	Р	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
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NI	YSTEM ID# 001762					ive inc	ooperati	Horry Telephone C
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BI
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LEGAL NAME OF OWNE Horry Telephone (•	Timeted 5.70 State		S	001762	Name
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 7,358	536.01	Gross Receipts Secon	d Group	\$ 8	329,753.13	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	LORIS			COMMUNITY/ AREA	AYNOR			
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Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts Third G	Group	\$ 101	988.72	Gross Receipts Fourth	Group	\$	37,565.94	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			iber group a	II as shown in the boxes a	oove.		0.00	
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Horry Telephone C		E SYSTEM: ive Inc					STEM ID# 001762	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GROU	P		SIXTH	SUBSCRIBER GROUP		^
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 555,	079.81	Gross Receipts Second	d Group	\$ 324	4,065.76	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
;	SEVENTH	SUBSCRIBER GROU	P		EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	GEORG	ETOWN		COMMUNITY/ AREA	MARION	<u> </u>		
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otal DSEs			0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third G	roup	s 649		Gross Receipts Fourth	Group	\$	0.00	
				1	-: -	-		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	·		744.74	Gross Receipts Fourth	·	\$ \$	0.00	

BI COMMUNITY/ AREA	OCK V- (001762	Name
COMMUNITY/ AREA				TE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROU	IP			SUBSCRIBER GROU	Р	9
	NICHUL	-5		COMMUNITY/ AREA	WULLIN	3		Computati
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Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
EL	EVENTH.	SUBSCRIBER GROU	IP		TWELVTH	SUBSCRIBER GROU	Р	
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	1		0.00	Total DSEs	1		0.00	
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	oup	\$	0.00	Horosa receipta i ourtii		₹	0.00	
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	STEM ID# 001762	SY						LEGAL NAME OF OWNER Horry Telephone C
<u> </u>				TE FEES FOR EACH				
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	YSTEM ID# 001762	S				ive Inc	ooperati	Horry Telephone C
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				TE FEES FOR EACH				
<u> </u>		SUBSCRIBER GROUP	-SECOND			SUBSCRIBER GROU	TY-FIRST	
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-	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	oup Y-THIRD	Base Rate Fee First Gro TWENT COMMUNITY/ AREA
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	YSTEM ID# 001762	S				ive Inc	R OF CABLE Cooperati	Horry Telephone C
				TE FEES FOR EACH				
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Name	STEM ID# 001762	SYS						LEGAL NAME OF OWNER Horry Telephone C
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (Bl
9		SUBSCRIBER GROUP	NTY-SIXTH			SUBSCRIBER GROUP	NTY-FIFTH	ONE HUNDRED TWEN
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Name	O01762	SYS						LEGAL NAME OF OWNER Horry Telephone C
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA			
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Horry Telephone Cooperative Inc 001762								
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA				
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	0	COMMUNITY/ AREA 0						COMMUNITY/ AREA	
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		\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Fotal DSEs Gross Receipts Third Gr	

Name	001762						ooperati	Horry Telephone C
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA			
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Horry Telephone Cooperative Inc 001762								
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9		SUBSCRIBER GROUP	-FOURTH	ONE HUNDRED FIFTY		SUBSCRIBER GROU	Y-THIRD	ONE HUNDRED FIFT	
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