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 COPYRIG

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
2/1/21	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACC	COUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting		2020/2										
Period												
B Owner	rate t	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.										
	LEC	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
		Cumberland Cellular LLC										
		DUO Broadband										
					027285	20202						
					027285	2020/2						
		P.O. Box 80										
		Jamestown, KY 42629										
	INS	TRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	stem unless	these						
С	nam	es already appear in space B. In line 2, give the mailing address of	f the system, if di	fferent from the address giv	en in space	B.						
System	1	IDENTIFICATION OF CABLE SYSTEM:										
	l	MAILING ADDRESS OF CABLE SYSTEM:										
	2	(Number, street, rural route, apartment, or suite number)										
	į	City, town, state, zip code)										
D	Inst	ructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page							
Area	with	all communities.										
Served		CITY OR TOWN	STATE									
First		Russell Springs	KY									
Community	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.											
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB G	SRP#						
Sample	Alda		MD	A	1	<u>'</u>						
	Allia		MD	В	2							
	Geri	ng	MD	В	3							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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: List each separate community served by the cable system. A 'community' is the same as a "community will as defined in PCD rules." a separate and distinct community or municipal entity (including unincorporated communities within unincorporated careas." AP CF.R. \$78.5(d). The fits community that you sit will serve us a form of system (including single, discrete unincorporated careas." AP CF.R. \$78.5(d). The fits community that you sit will serve us a form of system (includication hereafter income as the "fitst community." Please use it as the first community at a community of the discrete properties unincorporated carea." AP CF.R. \$78.5(d). The fitst community is a self-lead of your properties used as before you are provided in parentheses believe the identified dry or town. If all communities exist the careage of levels on the fitst community. The pass a should be reported in parentheses believe the identified dry or town. If all communities with the channel line-up 'A' in the appropriate column below or leave the column blank. If your report any stations on a partially distance or partially distance or partially estated to partially entitled basis in the DES Schedule on your Space G reporting) and a subscriber group designated by a number (based on your space G reporting) and a subscriber group designated by a number (based on your Space G reporting) and a subscriber group designated by a number (based on your Space G reporting) and a subscriber group designated by a number (based on your Space G reporting) and a subscriber group designated by an apha-letter(s) (based on your Space G reporting) and a subscriber group designated by an apha-letter(s) (based on your Space G reporting) and a subscriber group designated by an apha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your Space G reporting) and a subscriber group designated by a number (based on your Space G reporting) and the space group of the partial space group of the partial space g	Cumberland Cellular LLC			027285					
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 STATE CH LINE UP SUB GRP# Russell Springs KY A 1 First Community Columbia KY B 2 Cumberland County KY B 2 Cumberland County KY A 1 Russell County KY A 1 Russell County KY A 1 Russell County KY A 1 Adair County KY A 1 Russell County KY A 1 Adair County Community See instructions for additional information on alphabetization.	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								
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 STATE CH LINE UP SUB GRP# Russell Springs KY B 2 Cumberland County KY C 3 Jamestown KY A 1 Russell County KY A A Russell County KY A		ne parks should b	e reported in pare	entheses					
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 STATE CH LINE UP SUB GRP# Russell Springs KY A 1 Columbia KY B 2 Cumberland County KY C 3 Jamestown KY A 1 Russell County KY A 1 Russell County KY A 1 See instructions for additional information on alphabetization.	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,								
Russell Springs Adair County Columbia KY B Cumberland County KY C Summer C KY A 1 Sussell County KY A 1 Sussell County Sussell C Summer C KY A Sussell C Summer	channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and	d a subscriber gro							
Adair County Columbia KY B 2 Cumberland County KY C 3 Jamestown KY A 1 Russell County KY A 1 See instructions for additional information on alphabetization.	CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
Columbia KY B 2 Cumberland County KY C 3 Jamestown KY A 1 Russell County KY A 1 see instructions for additional information on alphabetization.		KY	Α	1	First				
Cumberland County KY A 1 Russell County KY A 1 See instructions for additional information on alphabetization.		•			Community				
Jamestown Russell County KY A 1 See instructions for additional information on alphabetization.		•							
Russell County KY A 1 See instructions for additional information on alphabetization.		•							
additional information on alphabetization.		· .			See instructions for				
					additional information				
Add rows as necessary.					on alphabetization.				
Add rows as necessary.									
Add rows as necessary. Add ro									
					Add rows as necessary.				
					I				

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cumberland Cellular LLC

SYSTEM ID# 027285

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	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	3,123	\$ 27.95	Standard Cable	2,699	\$ 84.95		
 Service to additional set(s) 			Digital	1,228	\$ 16.95		
 FM radio (if separate rate) 			HDTV Premuim	28	\$ 2.95		
Motel, hotel							
Commercial	203	\$ 103.41					
Converter							
Residential							
Non-residential							
		†		·	ф		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2							
CATEGORY OF SERVICE	DRY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	F	RATE	
Continuing Services:	Continuing Services: Installation: Non-residential							
• Pay cable	\$	27.95	Motel, hotel			HBO Unlimited	\$	21.95
 Pay cable—add'l channel 			Commercial			Cinemax Package	\$	18.95
Fire protection			• Pay cable			Showtime Unlimited	\$	18.95
 Burglar protection 			 Pay cable-add'l channel 	dd'l channel		Starz Super Package	\$	18.95
Installation: Residential			Fire protection	ection		HBO & Cinemax	\$	30.95
First set	\$	45.00	Burglar protection			Cinemax & Showtime	\$	27.95
 Additional set(s) 	\$	15.00	Other services:			HBO & Showtime	\$	30.95
 FM radio (if separate rate) 			Reconnect	\$	25.00	HBO/Cinemax/Showtime	\$	40.95
Converter			Disconnect		All 4 Super Pack	\$	49.95	
			Outlet relocation	\$	25.00			
			 Move to new address 	\$	20.00			

ACCOUNTING PERIOD: 2020/2

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 027285 Cumberland Cellular LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television asis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A Russell 1. CALL 2. B'CAST 3 TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) SIGN CHANNEL OF CARRIAGE NUMBER STATION (If Distant) WBKO-DT 13 N Bowling Green, KY WBKO-HD 13.1 N-M Bowling Green, KY See instructions for additional information WDKY-DT 31 Danville, KY on alphabetization. WDKY-HD I-M Danville, KY 31.1 WDKY-Comet 31.2 I-M Danville, KY WDKY-Charge 31.3 I-M Danville, KY WKSO-DT 53 E Bowling Green, KY WKSO-KY E-M Bowling Green, KY 53.1 WKSO-HD 53.2 E-M Bowling Green, KY WKSO2-HD 53.3 E-M **Bowling Green, KY** Used to be WKSO2 b WKYT-DT 36 Ν Lexington, KY WKYT-HD 36.1 N-M Lexington, KY WKYT-CW 36.2 I-M Lexington, KY WKYT-CW HD 36.3 I-M Lexington, KY WKYT-Circle 36.5 I-M Yes 0 Lexington, KY WKYU-DT 18 Ε 0 Bowling Green, KY Yes WLEX-DT 39 Ν Lexington, KY WLEX-HD 39.1 N-M Lexington, KY WLEX-2 39.2 I-M Lexington, KY WLEX-2HD I-M 39.3 Lexington, KY WLKY-DT 26 N Yes 0 Louisville, KY WLKY-HD 26.1 N-M Yes F Louisville, KY WTVQ-DT 40 Ν Lexington, KY WTVQ-HD 40.1 N-M Lexington, KY WTVQ-My 40.2 I-M Lexington, KY WTVQ-MyHD 40.5 I-M Lexington, KY I-M WTVQ-QuestTV 40.3 Lexington, KY WTVQ-QuestTV2 40.4 I-M Lexington, KY WTVQ-Grit 40.6 I-M Lexington, KY WLJC-DT 65 I-M Beattyville, KY WLJC-HD 65.1 Beattyville, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 027285 **Cumberland Cellular LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on ε **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent). "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up CHANNEL LINE-UP B Adair 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) WAVE-DT 47 N Louisville, KY WAVE-HD Louisville, KY 47.1 N-M WAVE-Circle 47.2 N-M Louisville, KY WAVE-CircleHD 47.4 I-M Louisville, KY WAVE-Grit 47.3 N-M Louisville, KY **WBKO-DT** 13 Ν **Bowling Green, KY** WBKO-HD N-M 13.1 Bowling Green, KY WDRB-DT 49 ı Louisville, KY WDRB-HD 49.1 I-M Louisville, KY WDRB-ANT I-M Louisville, KY 49.2 WHAS-DT 11 Ν Louisville, KY N-M WHAS-HD 11.1 Lexington, KY WKSO-DT 53 Ε **Bowling Green, KY** WKSO-KY 53.1 E-M **Bowling Green, KY** WKSO-HD 53.2 E-M **Bowling Green, KY** WKSO2-HD 53.3 E-M Bowling Green, KY Used to be WKSO2 b WKYT-DT 36 Ν Lexington, KY WKYT-HD 36.1 N-M Lexington, KY WKYU-DT 18 Ε Bowling Green, KY WLKY-DT 26 N Louisville, KY WLKY-HD 26.1 N-M _ouisville, KY WLKY-32 26.2 I-M Louisville, KY WMYO-CW 51 Salem, IN WMYO-CW HD I-M 51.3 Salem, IN

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Cumberland Cellular LLC** 027285 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up CHANNEL LINE-UP C Cumberland 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1 CALL SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER STATION (If Distant) WBKO-DT **Bowling Green, KY** 13 Ν WBKO-HD 13.1 N-M Bowling Green, KY WHAS-DT 11 Ν Yes 0 Louisville, KY WHAS-HD 11.1 N-M Ε Yes Lexington, KY Ε WKSO-DT 53 **Bowling Green, KY** WKSO-KY 53.1 E-M Bowling Green, KY WKSO2-HD 53.3 E-M **Bowling Green, KY** Used to be WKSO2 bi WKSO-HD 53.2 E-M Bowling Green, KY WKYT-DT 36 Yes 0 N Lexington, KY 36.1 N-M Ε WKYT-HD Yes Lexington, KY WKYU-DT 18 E Yes 0 **Bowling Green, KY** WLEX-DT Ν Lexington, KY 39 **WLEX-HD** 39.1 N-M Lexington, KY **WLKY-DT** 26 Yes 0 Louisville, KY N Ε **WLKY-HD** 26.1 N-M Yes Louisville, KY WLKY-32 26.2 I-M Yes 0 Louisville, KY WMYO-MyNet 51.1 I-M Yes 0 Salem, IN Salem, IN WMYO-CW HD 51.3 I-M Yes Ε WMYO-CW 0 51 Yes Salem, IN WZTV-DT Nashvile, TN 15 WZTV-HD I-M 15.1 Nashvile, TN WZTV-3 I-M Nashvile, TN 15.3 WZTV-4 15.4 I-M Nashvile, TN

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 027285 **Cumberland Cellular LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. 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

FURM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2020/2	
LEGAL NAME OF OWNER OF Cumberland Cellular I		STEM:			,	8YSTEM ID# 027285	Namo	
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO)G				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting po	eriod, under spe	ecific present and former FC	CC rules, regu	lations, or authorizations	. For a further	Substitute	
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.								
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not distant state gulations, ation. Do n Lucy" or "N m was broadian statinatian statinatian statinatian statine "F/7." hes when the Example: ter "R" if the and regulating rogramming	am on a separa attach addition connetwork televation and that your authorization ot use general BA Basketball adcast live, entous station broaddion's location (ions, if any, they when your syme substitute program care listed program care tions in effect of	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the go categories like "movies", : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the e community with which the estem carried the substitut rogram was carried by you ried by a system from 6:0 m was substituted for prog during the accounting perio	e program) the ted for the program instruction "basketbal" "No." ram. he station is like station is like program. Unr cable system in the color of the program in the progr	at, during the accounting ogramming of another stions located in the pall". List specific programming of another censed by the FCC or, lentified). It is numerals, with the rem. List the times accur is:28:30 p.m. should be t your system was required.	ng station per m in month ately		
	•			WHE	EN SUBSTITUTE	7. REASON		
1. TITLE OF PROGRAM	UBSTITUT	E PROGRAM 3. STATION'S	1	5. MONTH	6. TIMES	FOR DELETION		
1. TITLE OF TROOKAW	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
 							ļ	
					<u> </u>			
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					_			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cumberland Cellular LLC 0272									
	DART TIME CA	DDIACE LOC							_	
Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.—12:00 p.m."									
			DATES	AND HOURS	OF F	PART-TIME CAR	RIAGE			
		WHEN	I CARRIAGE OCCL	IDDED			WHEN	N CARRIAGE OC	CHE	PPEN
	CALL SIGN	VVIICI	HOUF			CALL SIGN	VVIIEI		URS	
		DATE	FROM	ТО			DATE	FROM		ТО
			<u> </u>							
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			_						-	
			_						_	

	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#				
Cu	nberland Cellular LLC		027285	Name			
Inst all a (as pag	CONTAINT: You must complete a statement in space R concerning gross receipts.	ondary transmiss compute this amo	sion service bunt, see 867,087.72	K Gross Receipts			
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of	gross receipts)				
 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line	: 1 of				
3 be							
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered o	n line				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	867,087.72				
	Enter the result here.						
	This is your minimum fee.	\$	9,225.81				
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. No—Leave block 3 below blank and the system carry and the schedule.	mn 4, you must c	heck				
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	\$	4,964.04				
	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	\$	4,964.04				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	9,225.81	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter the part 9 (block B) of the DSE schedule.		0.00	submitting additional deposits under			
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)						
	Line 4. FILING FEE	_\$	725.00	the Licensing additional fees. Division for the			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	9,950.81	appropriate form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the	ne				

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CA		EM:					TEM ID# 027285			
M					-	n carried television broadcas	t stations				
Channels	Enter the total numbe system carried television						36				
	Enter the total number on which the cable system and nonbroadcast services.	/stem carr	ried television broa				172				
N Individual to		IDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual e can contact about this statement of account.)									
for Further Information	Name Daryl Ham	mmond	<u> </u>			Telephon	e 270-343-1111	n			
		et, rural route		number)							
	Jamestow (City, town, state		42629								
	Email					Fax (optional)					
0	CERTIFICATION (This sta	statement	of account must b	be certifed and	I signed in accorda	nce with Copyright Office re	gulations.)				
Certifcation	• I, the undersigned, herel		•		·	n as identifed in line 1 of space	e B; or				
							, -				
			orporation or part at the owner is not a	• • •	•	agent of the owner of the cabl	e system as identified				
	(Officer or partner) I in line 1 of space E		fficer (if a corporati	ion) or a partne	r (if a partnership) of	f the legal entity identifed as o	wner of the cable system				
	I have examined the stat are true, complete, and co [18 U.S.C., Section 1001()]	correct to t		-		t all statements of fact contair I are made in good faith.	ed herein				
		X	/s/ Daryl L. Ham	nmond]					
	(e.	e.g., /s/ Jol	hn Smith). Before	entering the firs	t forward slash of the	ture to certify this statement. /s/ signature, place your curso void enabling Excel's Lotus co					
	Ту	Гуреd or p	printed name: D	aryl Hamn	nond						
	Ti		Secretary/Trea		on or partnership)						
	Da	Date: Ja	anuary 25, 2021								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Cumberland Cellular LLC 027285	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period	
ID number	

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

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
North Control of the	

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

The 3.75 Fee. If a cable system located in whole or in part within 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, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

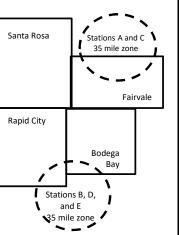
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



Distant Stations Carried	i l	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

		\$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)

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAG	E II. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#					
ı	Cumberland Cellular LLC										
	SUM OF DSEs OF CATEGOR		IC.			1					
	• Add the DSEs of each station		10.								
	Enter the sum here and in line		s schedule.		4.00						
				L		ł					
2	Instructions:										
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).										
Computation	In the column headed "DSE"	': for each inden	endent station, give the DSF	as "1 0" for	each network or noncom-						
of DSEs for	mercial educational station, give	e the DSE as ".2	25."	2 40 1.0 , 101							
Category "O"	, 5		CATEGORY "O" STATION	IS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WMYO-MyNet	1.000									
	WHAS-DT	0.250									
	WKYT-DT	0.250									
	WLKY-DT	0.250									
Add rows as	WMYO-CW	1.000									
necessary.	WKYU-DT	0.250									
Remember to copy	WLKY-32	1.000									
all formula into new											
rows.											

	uumi	

Name		OWNER OF CABLE SYSTEM:					S	SYSTEM ID#
Nume	Cumberland	Cellular LLC						027285
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-	st the call sign of all distants: For each station, give the correspond with the information of the correspond with the information of the color of	ne number of mation given total numb mn 2 by the final point. This tation, give the umn 4 by the	hours your cable syste in space J. Calculate or or of hours that the statigure in column 3, and is is the "basis of carriage "type-value" as "1.0."	m carried the state of the state of the carried the case of the ca	tion during the accounting teach station. er the air during the accounting the air during the accounting the accounting the accounting the accounting to the accounting the a	unting period. is figure must cational station, ess than the	
Capacity		C	:ATEGOR\	/ LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	R IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	SE
			÷		=	x	=	
			÷		= =	x x	<u>_</u>	
			÷		=	x	=	
			÷		=	x	=	
			÷		= =	<u>x</u>		
			÷		=	x	=	
	Add the DSEs	of CATEGORY LAC Soft each station. Im here and in line 2 of page		chedule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer tions in effer Broadcast of space I). Column 2: at your option. Column 3: Column 4: I	e the call sign of each state by your system in substitute on October 19, 1976 (and or more live, nonnetwoner or more live, nonnetwoner of each station give the This figure should correst enter the number of days Divide the figure in colum This is the station's DSE (tution for a property of the programs of the programs of the property of the p	ogram that your systen the letter "P" in column during that optional carr e, nonnetwork program e information in space I lar year: 365, except in ure in column 3, and gi	N was permitted to 7 of space 1); and iage (as shown by secarried in substance) a leap year.	o delete under FCC rules the word "Yes" in column 2 titution for programs that blumn 4. Round to no less	of were deleted	rm).
		SU	BSTITUTE	-BASIS STATION	S: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷						
				·····				
		÷		=				=
		÷		=		÷		=
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS			0.00		-
5		ER OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total	
Total Number	1. Number o	f DSEs from part 2 ●				-	4.00	
of DSEs	2. Number of	f DSEs from part 3 ●				<u> </u>	0.00	
	3. Number o	f DSEs from part 4 ●				-	0.00	
	TOTAL NUMBE	R OF DSEs						4.00

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

LEGAL NAME OF O		SYSTEM:					S'	YSTEM ID#	Name
Cumberland C	ellular LLC							027285	
Instructions: Bloc In block A: • If your answer if 'schedule. • If your answer if '	'Yes," leave the re	emainder of p	•	7 of the DSE sche	edule blank an	nd complete pa	art 8, (page 16) of	the	6
11 your answer ii	140, complete bit			ELEVISION M.	ARKETS				Computation of
Is the cable system effect on June 24,	1981?			ller markets as de				gulations in	3.75 Fee
	lete blocks B and								
		BLOG	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jur edule. (Note: Th	part 2, 3, and 4 or ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ition of permitt	ed stations, see tl	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fc E Carried pursua *F A station pre	ules and regued pursuant on as define all education (76. or DSE scheoant to individuously carried) and Fatation viously carried).	ulations cited be to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tin vithin grade-B o	ne or substitute ba contour, [76.59(d)(se in effect or (6.57, 76.59(b) e)(1), 76.63(a 63(a) referring bstitution of gr	n June 24, 198), 76.61(b)(c),) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring		
Column 3:		e stations ide	entified by the le	parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN WMYO-CW	BASIS	1.00	SIGN WMYO-My	BASIS	1.00	SIGN	BASIS		
WHAS-DT	D	0.25	Will C-iliy		1.00				
WKYT-DT	D	0.25							
WKYU-DT	C	0.25							
WLKY-DT	D	0.25					•		
WLKY-32	M	1.00							
			1			1		4.00	
		В	BLOCK C: CO	MPUTATION OI	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			11-		
Line 2: Enter the	sum of permitte	d DSEs fro	m block B abo	ove					
Line 3: Subtract (If zero, le				r of DSEs subject 7 of this schedu		rate.	11-		
Line 4: Enter gro	ss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter s	um here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter hei	re and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Cumberland Cellular LLC** 027285 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA		027285	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	7,087.72	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? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE		
	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)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge \$ \$ \$		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	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	Cumberland Cellular LLC 0									
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 Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge.								
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge								
		Synulcated Exclusivity Surcharge.	······································							
	Instru	ctions:								
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	oart							
		checked. Yes, use the total number of DSEs from part 5. DCk A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of Base Rate Fee	1	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be ,	elow							
Base Nate i ee		blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
	were located within that station's local service area and others were located outside that area. For the definition of a station's "local									
	service	e area," see page (v) of the general instructions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$								
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes,"								
		use the total number of DSEs from part 5.) ▶								
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts								
		(the amount in section 1)								
		B. Enter 0.00701 of gross receipts								
		(the amount in section 1)								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here								
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)								
		Base Rate Fee	0.00							

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	CVCTEM ID#	
Cumberland Cellular LLC	SYSTEM ID# 027285	Name
Cumberiand Central LEC	027200	
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		0
A. Enter 0.01064 of gross receipts		8
(the amount in section 1) ► \$		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) >		of
C. Multiply line B by 3.000 and enter here >		Base Rate Fee
D. Enter 0.00330 of gross receipts		
(the amount in section 1) \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here > \$		
G. Add lines A, C, and F. This is your base rate fee		
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
Dase Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television	broadcast signals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported mups in Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. T this exclusion, you must:	o take advantage of	of
uns excusion, you must.		Base Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. De		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate.		Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your sys		Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not ex		Partially
must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both blo However, if your cable system is wholly located outside all major television markets, complete block A only.	ck A and B below.	Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially dis	stant station you	Stations
carried to that community.		
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations system will have only one subscriber group when the distant stations it carried have local service areas that coincides the stations of the complement of stations are subscriber group when the distant stations it carried have local service areas that coincides the stations in the stations is carried to the stations of the stations are stations.	. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of y subscriber groups.		
In each section:		
Identify the communities/areas represented by each subscriber group.		
 Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is dist subscribers in the group. 	ant to all of the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you and 4 of this schedule; or,	gave it in parts 2, 3,	
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you ga part 6 of this schedule. 	ve it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gin the paper SA3 form.	general instructions	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber g DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do your actual calculations on the form.	roup (that is, the total	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 027285 **Cumberland Cellular LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE		E SYSTEM:				S	027285
		COMPUTATION OF	BASE RA	TE FEES FOR FA	CH SUBSCRU	BER GROUP	021200
		SUBSCRIBER GROU				SUBSCRIBER GRO	UP
			COMMUNITY/ ARE	A Columbi	a, Adair County		
CALL SIGN	DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE						
WKYU-DT	0.25			WKYT-DT	0.25		
WLKY-DT	0.25			WKYU-DT	0.25		
Total DSEs			0.50	Total DSEs			0.50
Gross Receipts First G	roup	\$ 547	,386.60	Gross Receipts Se	cond Group	\$ 3	306,375.53
Base Rate Fee First G	roup	\$ 2	2,912.10	Base Rate Fee Se	cond Group	\$	1,629.92
		SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP
COMMUNITY/ AREA	Cumbe	rland County		COMMUNITY/ ARE	ĒA		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WMYO-MyNet	1.00						
WHAS-DT	0.25						
WKYT-DT	0.25					-	
WLKY-DT	0.25						
WKYU-DT	0.25						
WMYO-CW	1.00					-	
WLKY-32	1.00						
Total DSEs			4.00	Total DSEs			0.00
Gross Receipts Third (Group	<u>\$ 13</u>	,325.59	Gross Receipts Fo	urth Group	\$	0.00
Base Rate Fee Third C	Group	\$	422.02	Base Rate Fee For	urth Group	\$	0.00
iase Rate Fee Third C iase Rate Fee: Add the	ne base rat					\$	4,964.04

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE Cumberland Cellu		LE SYSTEM:				S	YSTEM ID# 027285	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	JP		SECOND	SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA Jamestown, Russell Springs		COMMUNITY/ AREA	Columb	ia, Adair County		9 Computa		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
							·····	Syndicat
								Exclusiv
						 		Surcharg
		_						for
								Partially
								Distant
		_						Stations
		-	<u></u>					
	<u></u>	-						
		_						
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 547	,386.60	Gross Receipts Secon	d Group	\$ 3	06,375.53	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Secon		\$	0.00	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA	Cumbe	rland County		COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
							·····	
						-		
		_						
	<u> </u>		·····					
	<u></u>	-						
								
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs				Total DSEs			0.00	
Gross Receipts Third (Group	\$ 13	,325.59	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	above.	\$	0.00	
and in bibbl	, , ,	(pago 1)				<u> </u>	0.00	

ACCOUNTING PERIOD: 2020/2

FORM SA3E. PAGE 20.