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

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
	\$				
	ALLOCATION NUMBER				
2-26-21					

## SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting	2020/2							
Period								
Bowner	Instructions:  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.  62556							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Tennessee Telephone Company							
				62556	520202			
				62556	2020/2			
	525 Junction Rd Madison, WI 53717-2152							
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ass and operation of the sys	etam unlass	e these			
C	names already appear in space B. In line 2, give the mailing address of	•	•					
System	IDENTIFICATION OF CABLE SYSTEM:							
	TDS Telecom, Inc.							
	MAILING ADDRESS OF CABLE SYSTEM:							
	(Number, street, rural route, apartment, or suite number)							
	(values), steed, rata read, apartitely, or each names,							
	(City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and r	elist on pag	ge 1b			
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First	Mt Juliet	TN						
Community	Below is a sample for reporting communities if you report multiple ch	nannel line-ups in	Space G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#			
Sample	Alda	MD	A		1			
-	Alliance	MD	В		2			
	Gering	MD	В		3			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62556 **Tennessee Telephone Company** 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 **STATE** CH LINE UP SUB GRP# **Mt Juliet** TN AA **First** TN LaVergne AA Community See instructions for additional information on alphabetization. Add rows as necessary.

Name Legal Name of OWNER OF CABLE SYSTEM:
Tennessee Telephone Company
SYSTEM ID#
62556

### Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	5,606	\$25/mo			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	26	\$55.54/mo			
Converter					
Residential	5,606	\$6/Mo.			
Non-residential					

# 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 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential			
• Pay cable	14-19.99/mo	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$0 - \$49.95		
<ul> <li>Fire protection</li> </ul>		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
<ul><li>First set</li></ul>	\$0-\$49.95	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	\$0-\$49.95	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$0-\$25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

LEGAL NAME OF OWN	JED OF CARLE SA	CTEM:			SYSTEM ID:	#	
Tennessee Tele					62556	Namo	
PRIMARY TRANSMITTE	•						
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.							
<ul> <li>List the station here, basis. For further in</li> </ul>	and also in spa	ace I, if the sta			tute basis and also on some other f 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).							
its community of licens on which your cable sy	se. For example ystem carried th	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial		
educational station, by (for independent multi For the meaning of the	y entering the le cast), "E" (for no ese terms, see ation is outside	etter "N" (for ne oncommercial page (v) of the the local serv	etwork), "N-M" (f l educational), o e general instruc rice area, (i.e. "c	for network multic r "E-M" (for nonco ctions located in th distant"), enter "Ye	ast), "I" (for independent), "I-M" commercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex-		
Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement	ave entered "Ye he distant station tion on a part-tii sion of a distant t entered into o	es" in column on during the ame basis becamulticast streen or before Ju	4, you must con accounting perion ause of lack of a eam that is not some 30, 2009, be	nplete column 5, sod. Indicate by entactivated channel subject to a royalty tween a cable sys	stating the basis on which your tering "LAC" if your cable system		
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give the	simulcasts, also hree categories e location of ea Canadian statio	o enter "E". If y , see page (v) ch station. Fo ns, if any, give	you carried the or of the general in r U.S. stations, le the name of the	channel on any ot nstructions locate list the community ne community with	her basis, enter "O." For a further ed in the paper SA3 form.  I to which the station is licensed by the which the station is identifed.		
		CHANN	EL LINE-UP	AA			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
WKRN	2.4			(If Distant)			
WKRN-DT2	2.1	N	No	(If Distant)	Nashville, TN		
TTININITUIL	2.1		No No	(If Distant)	Nashville, TN Nashville, TN		
WKRN-DT3		N		(If Distant)		See instructions for additional information	
	2.2	N N-M	No	(If Distant)	Nashville, TN		
WKRN-DT3	2.2 2.3	N N-M N-M	No No	(If Distant)	Nashville, TN Nashville, TN	additional information	
WKRN-DT3 WTVF	2.2 2.3 5.1	N N-M N-M	No No No	(If Distant)	Nashville, TN Nashville, TN Nashville, TN	additional information	
WKRN-DT3 WTVF WTVF-DT2	2.2 2.3 5.1 5.2	N N-M N-M N	No No No No	(If Distant)	Nashville, TN Nashville, TN Nashville, TN Nashville, TN	additional information	
WKRN-DT3 WTVF WTVF-DT2 WTVF-DT3	2.2 2.3 5.1 5.2 5.3	N N-M N-M N N-M	No No No No	(If Distant)	Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN	additional information	
WKRN-DT3 WTVF WTVF-DT2 WTVF-DT3 WZTV	2.2 2.3 5.1 5.2 5.3 17.1	N N-M N-M N-M N-M	No No No No No	(If Distant)	Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN	additional information	
WKRN-DT3 WTVF WTVF-DT2 WTVF-DT3 WZTV WZTV-DT2 WZTV-DT3	2.2 2.3 5.1 5.2 5.3 17.1 17.2	N N-M N-M N-M N-M	No No No No No No No No	(If Distant)	Nashville, TN	additional information	
WKRN-DT3 WTVF WTVF-DT2 WTVF-DT3 WZTV WZTV-DT2 WZTV-DT3 WSMV	2.2 2.3 5.1 5.2 5.3 17.1 17.2	N N-M N-M N-M N-M N-M	No	(If Distant)	Nashville, TN	additional information	
WKRN-DT3 WTVF WTVF-DT2 WTVF-DT3 WZTV WZTV-DT2	2.2 2.3 5.1 5.2 5.3 17.1 17.2 17.3	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	No	(If Distant)	Nashville, TN	additional information	
WKRN-DT3 WTVF WTVF-DT2 WTVF-DT3 WZTV WZTV-DT2 WZTV-DT3 WSMV WSMV-DT2	2.2 2.3 5.1 5.2 5.3 17.1 17.2 17.3 4.1	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	No	(If Distant)	Nashville, TN	additional information	
WKRN-DT3 WTVF WTVF-DT2 WTVF-DT3 WZTV WZTV-DT2 WZTV-DT3 WSMV WSMV-DT2 WSMV-DT3	2.2 2.3 5.1 5.2 5.3 17.1 17.2 17.3 4.1 4.2	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	No N	(If Distant)	Nashville, TN	additional information	
WKRN-DT3 WTVF WTVF-DT2 WTVF-DT3 WZTV WZTV-DT2 WZTV-DT3 WSMV WSMV-DT2 WSMV-DT3 WUXP	2.2 2.3 5.1 5.2 5.3 17.1 17.2 17.3 4.1 4.2 4.3	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	No N	(If Distant)	Nashville, TN	additional information	
WKRN-DT3 WTVF WTVF-DT2 WTVF-DT3 WZTV WZTV-DT2 WZTV-DT3 WSMV WSMV-DT2 WSMV-DT3 WUXP-DT2	2.2 2.3 5.1 5.2 5.3 17.1 17.2 17.3 4.1 4.2 4.3 30.1 30.2	N N-M N-M N-M N-M N-M N-M N-M N-M I	No N	(If Distant)	Nashville, TN	additional information	
WKRN-DT3 WTVF WTVF-DT2 WTVF-DT3 WZTV WZTV-DT2 WZTV-DT3 WSMV WSMV-DT2 WSMV-DT3 WUXP WUXP-DT3	2.2 2.3 5.1 5.2 5.3 17.1 17.2 17.3 4.1 4.2 4.3 30.1 30.2 30.3	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	No N	(If Distant)	Nashville, TN	additional information	

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62556 Tennessee Telephone Company PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

	CHANNEL LINE-UP AA (cont)				
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
WHTN	39.1	ı	No		Murfreesboro, TN
WNPX-LP	20.1	I	No		Cookeville, TN
WPGD	50.1	I	No		Hendersonville, TN
WJFB	44.1	I	No		Lebanon, TN
				I	

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

	LEGAL NAME OF	OWNER OF CAR	I E SVSTE	:NA-				SYSTEM ID#		
Name										
	Tennessee	Telephone	Compa	any				62556		
		<u> </u>								
								<u> </u>		
	PRIMARY TRA	NSMITTERS	: RADIO							
Н	In General: Lis	t every radio s	station ca	arried on a separate and discr	ete basis and list	those FM sta	itions ca	rried on an		
• •		-								
	ali-band basis v	whose signals	were ge	enerally receivable" by your ca	able system durin	g the account	ing pen	oa.		
Duimonu	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	y the sys	stem whenever it is received a	it the system's he	eadend, and (2	2) it can	be expected,		
Radio	on the basis of	monitorina, to	be recei	ved at the headend, with the	svstem's FM ante	enna, durina d	ertain s	tated intervals.		
		_		Copyright Office regulations	•	_				
				Copyright Office regulations	on this point, see	page (vi) or t	ne gene	rai iristi uctions		
	located in the p	aper SA3 form	٦.							
	Column 1: lo	dentify the call	sian of	each station carried.						
		•	_	on is AM or FM.						
	Column 3: If	f the radio stat	ion's sig	nal was electronically process	sed by the cable s	system as a s	eparate	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									
						-	C or, in	the case of		
	Mexican or Car	nadian stations	s, if any,	the community with which the	station is identifi	ed).				
		1			1	T		1		
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
	N/A									
							<b>-</b>			
	-=									
							<del>-</del>			
	-=									

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:				SYSTEM ID	
Tennessee Telephone	Compan	у				6255	Name
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	 3			
In General: In space I, identi substitute basis during the a explanation of the programm form.	ccounting p	eriod, under sp	ecific present and former FO	CC rules, regu	llations, or authoriza	ations. For a furthe	
1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant star	•	ur cable systen	n carry, on a substitute bas	is, any nonne	·	rogram ′es ⊠No	Special Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete the p	orogram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gir Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every no distant state egulations, cation. Do no Lucy" or "NE m was broading of the adcast station and day we "5/7." es when the Example: a er "R" if the and regulation of the and reg	attach addition onnetwork televation and that your authorization of use general BA Basketball: deast live, enterstation broadcon's location (tons, if any, the when your system of a program carrollisted programions in effect description and the whole when your system of the whole when your system of the whole when your system of the whole whole when your system of the whole wh	nal pages.  vision program (substitute pour cable system substitute ins. See page (vi) of the generategories like "movies", or 76ers vs. Bulls."  er "Yes." Otherwise enter "I asting the substitute programe to community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:01:  In was substituted for programing the accounting perior	program) that ed for the program of the program of the program. It is the program. Use the program of the progr	ensed by the FCC ntified).  List the times accused by the FCC ntified.  List the times accused by the FCC ntified properties the times accused by the second properties are the first properties. List the times accused by the first properties are the first properties are the first properties.	nting ner station paper gram  or, in ne month curately be equired d pro	
9	LIRSTITLIT	E PROGRAM	1		EN SUBSTITUTE	7. REASO	N
1. TITLE OF PROGRAM	1	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	FOR DELETION	1
N/A							
							·········
	<b></b>						
	<b></b>						
	<b></b>						
							<del></del>
	<b></b>						
	<b></b>						
	<b></b>						
	<del> </del>						
	<del> </del>						
	<del></del>						

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62556 Tennessee Telephone Company 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 parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation 'app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO N/A

	A NAME OF OWNER OF CARLE OVERTIME		SYSTEM ID#				
	ennessee Telephone Company		62556	Name			
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.  \$ 2,337,959.13							
IM	PORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross re	eceipts)				
Instr • Cc • Cc • If y fee • If y ac  ▶ If p blo  ▶ If p	PYRIGHT ROYALTY FEE Puctions: 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 amendation 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 paracompanying this form and attach the schedule to your statement of account. In our terms of the DSE schedule was completed, the base rate fee should be back 3 below. In our terms of the DSE schedule was completed, the surcharge amount should be below. In our terms of the DSE schedule was completed, the surcharge amount should be below. In our terms of the DSE schedule was completed, the surcharge amount should be below. In our terms of the DSE schedule was completed, the surcharge amount should be below. In our terms of the DSE schedule was completed, the surcharge amount should be below. In our terms of the DSE schedule was completed, the surcharge amount should be below. In our terms of the DSE schedule was completed, the surcharge amount should be below. In our terms of the DSE schedule was completed, the surcharge amount should be below. In our terms of the DSE schedule was completed, the surcharge amount should be below. In our terms of the DSE schedule was completed, the surcharge amount should be terms of the DSE schedule was completed, the surcharge amount should be terms of the DSE schedule was completed, the surcharge amount should be terms of the DSE schedule was completed, the surcharge amount should be terms of the DSE schedule was completed, the surcharge amount should be terms of the DSE schedule was completed, the surcharge amount should be terms of the DSE schedule was completed and the terms of the DSE schedule was completed and the terms of the DSE schedule was completed and the terms of the DSE schedule was co	entered on line 1 of ntered on line 2 in block		L Copyright Royalty Fee			
1	least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 percent of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 2,3	37,959.13				
	This is your minimum fee.	\$	24,875.89				
Block Block	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting periody Yes—Complete the DSE schedule.</li> <li>IX No—Leave block 3 below blank and 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</li> </ul>	n 4, you must check d?					
3	Line 2. <b>3.75 Fee:</b> 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	<u>\$</u>	24,875.89	Cable systems			
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing			
	Line 4. FILING FEE	<u>\$</u>	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	\$	25,600.89	appropriate form for submitting the			
	EFT Trace # or TRANSACTION ID #			additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Significant section of the second section of the sect	. • .,	)				

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Tennessee Telephone Company	62556
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcas	t stations
Ch ann a la	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	Enter the total number of channels on which the cable	
	system carried television broadcast stations	22
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	383
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
14	we can contact about this statement of account.)	
Individual to		
Be Contacted for Further	Name <b>Stephanie Weber</b> Telephone	(608) 66 <i>1-1</i> 721
Information	Name <b>Stephanie Weber</b> Telephone	(608) 664-4721
	Address 525 Junction Rd	
	(Number, street, rural route, apartment, or suite number)	
	Madison, WI 53717-2152	
	(City, town, state, zip)	
	Email Finance@tdstelecom.com Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office required	gulations.)
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	D: or
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	Б, ОГ
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	system as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	•
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as over	ner of the cable system
	in line 1 of space B.	
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> </ul>	d herein
	[18 U.S.C., Section 1001(1986)]	
	/s/ Sharon V. Tisdale	
	757 Gharon V. Hisdaic	
	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	the boy and proce the "E2"
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus comp	·
	Typed or printed name: Sharon V. Tisdale	
	Typod of printed hame. Stratell II Houdie	
	Title: Assistant Treasurer	
	Title: Assistant Treasurer  (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 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 suffciency of the fling, a determination that would be made by a court of law.

**ACCOUNTING PERIOD: 2020/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
Tennessee Telephone Company	62556	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."		P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.		Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?		
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		Q
		Interest
Line 1 Enter the amount of late payment or underpayment		Assessment
X		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
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)	-ae)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	5-7	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.		
Owner 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 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.

**ACCOUNTING PERIOD: 2020/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
1	Tennessee Telephone Company 62556									
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	۱.			0.00					
2	Instructions: In the column headed "Call S of space G (page 3).		_							
Computation	In the column headed "DSE" mercial educational station, giv			as "1.0"; for	each network or noncom-					
Category "O"			CATEGORY "O" STATION	S: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as										
necessary. Remember to copy all formula into new rows.										

 	 <mark></mark>	

Name		/NER OF CABLE SYSTEM:					SYSTEM ID#			
140110	Tennessee Telephone Company 62556									
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2: If figure should concern 3: If Column 4: If Does carried out an Column 5: If give the type-varied Column 6: If	the call sign of all distartion and station, give the prespond with the information of the cach station, give the Divide the figure in coluit least to the third decinary for each independent station as ".25."  Multiply the figure in coluint. This is the station's	ne number of homation given in the total number and 2 by the figure al point. This is station, give the umn 4 by the figure DSE. (For more	ours your cable system space J. Calculate or of hours that the stati ure in column 3, and g s the "basis of carriago "type-value" as "1.0."	n carried the state of the state of the state on broadcast over the result in case value" for the state of th	ion during the accounting ach station.  In the air during the accounting the air during the accounting the accounting the accounting the accounting the air during the accounting ach station.	unting period. s figure must cational station, ess than the			
	4 0011						0.005			
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEN	IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		6. DSE			
	N/A		÷			x	_			
			÷			<u>x</u>	=			
			÷ ÷		=	x				
			÷		=	x	=			
			÷			x	=			
			÷ ÷		=	x				
	Add the DSEs of	each station. here and in line 2 of pa		edule,	▶	0.00				
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Was carried by tions in effect</li> <li>Broadcast one space I).</li> <li>Column 2: For at your option. The Column 3: Errolumn 4: Di</li> </ul>	on October 19, 1976 (as or more live, nonnetwoner each station give the nis figure should correspond the number of days wide the figure in columnis is the station's DSE (	tution for a prog as shown by the ork programs dur number of live, spond with the in in the calendar in 2 by the figure For more inforn	gram that your system e letter "P" in column a ring that optional carri nonnetwork programs nformation in space I. year: 365, except in a e in column 3, and givenation on rounding, se	was permitted to r of space I); and age (as shown by s carried in subst a leap year. te the result in co bee page (viii) of the	the word "Yes" in column 2 itution for programs that volumn 4. Round to no less ne general instructions in	of were deleted than the third			
	1	SU	BSTITUTE-E	BASIS STATION	S: COMPUTA	TION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBEI OF DAYS IN YEAR	6	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER 4. DSE OF DAYS IN YEAR			
		-		=		÷	=			
		÷ ÷		=		÷	=			
		÷		=		÷				
		÷		=		÷ ÷	=			
	Add the DSEs of	OF SUBSTITUTE-BASI	S STATIONS:			0.00				
5		OF DSEs: Give the amo		oxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total			
Total Number	1. Number of [	OSEs from part 2 ●				<b>-</b>	0.00			
of DSEs		OSEs from part 3 ●			<u>}</u>	<b>-</b>	0.00			
	3. Number of D	OSEs from part 4 ●			<b>)</b>		0.00			
	TOTAL NUMBER	OF DSEs					0.00			

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

LEGAL NAME OF C	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	
Tennessee Te	lephone Comp	any						62556	Name
In block A:	ck A must be comp		art 6 and part 7	7 of the DSE sched	dule blank and	complete par	t 8. (page 16) of th	ne	6
schedule.		·	•	01 1110 202 001100	and blank and	complete par	t 0, (pago 10) or a		
• If your answer if	"No," complete blo			TELEVISION MA	ARKETS				Computation of
Is the cable syster	n located wholly ou					tion 76.5 of F	CC rules and requ	ulations in	3.75 Fee
effect on June 24,  Yes—Com		schedule—D							
X No Comp	Diete blocks B and								
		BLOC	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations  e DSE Schee	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below re Act of 2010.)	rther explanat	ion of permitte	ed stations, see the	е	
Column 2: BASIS OF PERMITTED CARRIAGE	Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station.  BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)  PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to								
		viously carrie IHF station w	d on a part-tim ithin grade-B o	ne or substitute bas contour, [76.59(d)(5	•		erring to 76.61(e)(5	5)]	
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 c etter "F" in column			orksheet on page	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		P	SLOCK C: CC	MPUTATION OF	3.75 FFF				
				5 17 (11014 01	3.7 G T EE				
	total number of l	·						-	
Line 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve				<del>-</del>	
	line 2 from line 1 eave lines 4–7 bl			•		ate.		0.00	
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sui	m here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3				X		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 and	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

Name	Tennessee Telephone Company 62556										
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.  Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.									1. entered	
		PERMITT	ED DSE FOR STA	TIONS CARRI	ED	) (	ON A PART-TIME AN	D SUBSTIT	TUTE BASIS		
	1. CALL	2. PRIC		COUNTING		_	4. BASIS OF		RESENT	6. PI	ERMITTED
	SIGN	DSE	PE	ERIOD			CARRIAGE	[	OSE		DSE
	***************************************										
					•••••						
Computation of the Syndicated Exclusivity	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET										
Surcharge	<ul> <li>Is any portion of the of</li> </ul>	cable system w	vithin a top 100 majo	or television ma	rke	t a	as defned by section 7	6.5 of FCC i	rules in effect Ju	ıne 24, 1	981?
	Yes—Complete	blocks B and	C .			X No—Proceed to part 8					
						7					
	BLOCK B: Ca	arriage of VHF	Grade B Contour	Stations		BLOCK C: Computation of Exempt DSEs					
	Is any station listed in commercial VHF stati or in part, over the cal	on that places				n	Vas any station listed lity served by the cabl o former FCC rule 76.	le system p	•	-	
Yes—List each station below with its appropriate permitted DSE  No—Enter zero and proceed to part 8.  Yes—List each station below with its appropriate permitted DSE  No—Enter zero and proceed to part 8.						te permit	ted DSE				
	CALL SIGN	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIG	N	DSE
									-		
									-		
		l.	TOTAL DSEs	0.00					TOTAL DS	Es	0.00

LEGAL NA	AME OF OWNER OF CABLE SYSTEM: Tennessee Telephone Company	SYSTEM ID# 62556	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,337,959.13	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	<ul> <li>Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</li></ul>	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)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule.  X 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 D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE PAGE 16

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	-	Tennessee Telephone Company	62556						
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							
8	You m	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6, block B; however, if block A of part 6, block B; however, if block A of part 6, block B; however, if block A of part 5.	part						
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.							
Computation of		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow						
Base Rate Fee	blank		CIOW						
		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.	ocal						
		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)	9.13						
	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.)▶	0.00						
		use the total number of DSEs from part 5.)	<u>0.00</u>						
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , 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)▶ \$ 16,389.09							
		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	<u></u> l.						

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

	AME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#	Name
Tenn	essee Telephone Company 62556	
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	
7	A. Enter 0.01064 of gross receipts  (the amount in section 1)	8
	B. Enter 0.00701 of gross receipts  (the amount in section 1)  ▶ \$	Computation of
	C. Multiply line B by 3.000 and enter here <b>►</b> \$	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 <b>&gt;</b> \$	
	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	
shall in	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-Space G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation
	clusion, you must:	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  2. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for
must a	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
How to	o Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
-	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located at the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by me token, the station is distant to the subscriber.)	
subscr	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
subscr	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	n section: fy the communities/areas represented by each subscriber group.	
• Give	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.	
• lf:	avertoes in located wholly avertide all marion and ancellouteless are obtained when each static V-DOT are as a Ville of CO. O.	
and 4 o	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,	
part	6 of this schedule.	
• Calcu	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.  Ilate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
	e paper SA3 form.  Dute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
page.	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	

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

your actual calculations on the form.

LEGAL NAME OF OWN Tennessee Telep							62556	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA	·		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
	·····							for
								Partially
		_						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURT	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group a	as shown in the boxes a	above.	\$	0.00	