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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/23/21	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2020/2										
B	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 filling. If not, enter the system's ID number assigned by the Licensing Division.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
	West Kentucky Rural Telephone Coop.										
				06291120202							
				062911 2020/2							
	100 WK&T Technology Drive Mayfield, KY 42066										
С	INSTRUCTIONS: In line 1, give any business or trade names used to										
_	names already appear in space B. In line 2, give the mailing address of	of the system, if dif	Terent from the address giv	en in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:										
	MAILING ADDRESS OF CABLE SYSTEM:										
	2 (Number, street, rural route, apartment, or suite number)										
	(City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b							
Area	with all communities.										
Served	CITY OR TOWN	STATE									
First	Kirksey	KY									
Community	Below is a sample for reporting communities if you report multiple ch	· · · · · · · · · · · · · · · · · · ·									
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alda Alliance	MD MD	A B	1 2							
	Gering	MD	В	3							

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

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062911 West Kentucky Rural Telephone Coop. 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 fillings. 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. st nunity ons for ormation zation.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	4
Kirksey	KY	В	5	Fir
Beulah	KY	Α	1	Comn
Brazil	KY	D	2	
Browns Grove	KY	Α	3	
Buchanan	KY	С	6	
Churchton	KY	F	4	See instructi
Clear Springs	KY	Α	3	additional in
Coldwater	KY	В	5	on alphabet
Cottage Grove	KY	С	6	
Cuba	KY	Α	3	
Cunningham	KY	Α	7	
Dexter	KY	В	5	Add rows as
Dogwood	KY	Α	3	
Dublin	KY	Α	3	
Eaton	KY	D	2	
Fairdealing	KY	A	12	
Fancy Farm	KY	A	3	
Farmington	KY	A	3	
Faxon	KY	В	8	
Folsomdale	KY	A	3	
Hardin	KY	Ā	12	
Harris Grove	KY	В	8	
Hazel	KY	В	13	
Hickory	KY		3	
Kirbyton	KY	Α	7	
Lowes	KY	Α	3	
	KY	A B	8	
Lynn Grove	KY	В	•	
Lynnville Mason Hall	KY		9	
Melber		E	•	
New Concord	KY KY	A	10	
		В	13	
Pryorsburg	KY	A	3	
Puryear	KY	C	6	
Sedalia	KY	A	3	
Trimble	KY	F	4	
Viola	KY	A	3	
West Plains	KY	A	3	
West Viola	KY	A	3	
Wingo	KY	A	3	
Yorkville	KY	D	11	
			•	

necessary.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 062911

West Kentucky Rural Telephone Coop.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:							
 Service to first set 	2,633	\$	39.90	Expanded Service	2,251	\$	94.90
 Service to additional set(s) 	3,925	\$	4.95				
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	9	\$	46.20				
Converter							
Residential							
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							
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE				
Continuing Services:		Installation: Non-residential						
• Pay cable		Motel, hotel		Variety Tier	\$ 6.95			
 Pay cable—add'l channel 		Commercial		HD Tier	\$ 14.95			
 Fire protection 		• Pay cable		Hispanic Tier	\$ 12.95			
Burglar protection		 Pay cable-add'l channel 		НВО	\$ 15.95			
Installation: Residential		Fire protection		Showtime/TMC	\$ 15.95			
 First set 		Burglar protection		Starz/Encore	\$ 15.95			
 Additional set(s) 		Other services:						
 FM radio (if separate rate) 		Reconnect						
 Converter 		Disconnect						
		 Outlet relocation 						
		 Move to new address 						

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062911 West Kentucky Rural Telephone Coop. 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 th∈ station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) **KBSI-DT** 22 I-M Cape Girardeau. MO KBSI-HD 22.1 I Cape Girardeau. MO See instructions for additional information KFVS-DT 12 N-M Cape Girardeau. MO on alphabetization. KFVS-HD 12.1 Ν Cape Girardeau. MO **WDKA** 49 ı Paducah, KY WKMU 41 Ε Murray, KY WKPD 41 Paducah, KY Ε WPSD-DT 32 N-M Paducah, KY Ν WPSD-HD 32.1 Paducah, KY **WQWQ-LP** 9 Ī Paducah, KY Harrisburg, IL **WSIL-DT** 34 N-M WSIL-HD 34.1 Ν Harrisburg, IL

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062911 West Kentucky Rural Telephone Coop. 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 € substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	В		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KBSI-DT	22	I-M			Cape Girardeau. MO	
KBSI-HD	22.1	I			Cape Girardeau. MO	
KFVS-DT	12	N-M			Cape Girardeau. MO	
KFVS-HD	12.1	N			Cape Girardeau. MO	
WDKA	49	I			Paducah, KY	
WKMU	41	E			Murray, KY	
WKPD	41	E	Yes	0	Paducah, KY	
WKRN-DT	27	N-M			Nashville, TN	
WKRN-HD	27.1	N			Nashville, TN	
WQWQ-LP	9	I			Paducah, KY	
WSIL-DT	34	N-M			Harrisburg, IL	
WSIL-HD	34.1	N			Harrisburg, IL	
WSMV-DT	10	N-M			Nashville, TN	
WSMV-HD	10.1	N			Nashville, TN	
WTVF-DT	25	N-M			Nashville, TN	
WTVF-HD	25.1	N			Nashville, TN	
WPSD-DT	32	N-M			Paducah, KY	
WPSD-HD	32.1	N			Paducah, KY	

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062911 West Kentucky Rural Telephone Coop. 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 substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	С	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	CHANNEL OF		5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKRN-DT	27	N-M			Nashville, TN
WKRN-HD	27.1	N			Nashville, TN
WNAB-DT	23	I			Nashville, TN
WNPT-DT	8	Е	Yes	0	Nashville, TN
WPSD-DT	32	N-M			Paducah, KY
WPSD-HD	32.1	N			Paducah, KY
WSMV-DT	10	N-M			Nashville, TN
WSMV-HD	10.1	N			Nashville, TN
WTVF-DT	25	N-M			Nashville, TN
WTVF-HD	25.1	N			Nashville, TN
WUPX-DT	21	I	Yes	0	Morehead, KY
WZTV-DT	15	I-M			Nashville, TN
WZTV-HD	15.1	I			Nashville, TN

Primary Transmitters: Television

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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

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		CHANN	EL LINE-UP	D				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	CHANNEL OF		5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WBBJ-DT	43	N			Jackson, TN			
WJKT	39	I			Jackson, TN			
WLJT	47	E			Lexington, TN			
WREG	28	N			Memphis, TN			
WSMV-DT	10	N-M	Yes	0	Nashville, TN			
WSMV-HD	10.1	N	Yes	E	Nashville, TN			
WTVF-DT	25	N-M	Yes	0	Nashville, TN			

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062911 West Kentucky Rural Telephone Coop. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	E	
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
KBSI-HD	22.1	I			Cape Girardeau. MO
KBSI-DT	22	I-M			Cape Girardeau. MO
KFVS-DT	12	N-M			Cape Girardeau. MO
KFVS-HD	12.1	N			Cape Girardeau. MO
WBBJ-HD	43.1	N			Jackson, TN
WBBJ-DT	43	N			Jackson, TN
WDKA	49	I		•	Paducah, KY
WKMU	41	Е			Murray, KY
WKPD	41	Е	Yes	0	Paducah, KY
WPSD-DT	32	N-M			Paducah, KY
WPSD-HD	32.1	N			Paducah, KY
WQWQ-LP	9	I			Paducah, KY
WSIL-HD	34.1	N			Harrisburg, IL
WSIL-DT	34	N-M			Harrisburg, IL
WTVF-HD	25.1	N	Yes	E	Nashville, TN
WTVF-DT	25	N-M	Yes	0	Nashville, TN

G

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062911 West Kentucky Rural Telephone Coop. 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 substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	F					
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				
KFVS-DT	12	N-M			Cape Girardeau. MO				
WBBJ-DT	43	N			Jackson, TN				
WBBJ-HD	43.1	N			Jackson, TN				
WJKT	39	I			Jackson, TN				
WLJT	47	E			Lexington, TN				
WREG	28	N			Memphis, TN				
WSMV-DT	T 10 N-M Yes		Yes	0	Nashville, TN				
WSMV-HD	10.1	N	Yes	E	Nashville, TN				

Primary Transmitters: Television

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062911 West Kentucky Rural Telephone Coop. 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

TORWIGHOE: TAGE 5:						7100001111110	1 21110 21 2020, 2				
LEGAL NAME OF OWNER OF West Kentucky Rural					S	YSTEM ID# 062911	Name				
SUBSTITUTE CARRIAGE	F: SPECIA	I STATEME	NT AND PROGRAM I O	3							
In General: In space I, ident substitute basis during the acexplanation of the programm form.	ify every non	nnetwork televiseriod, under spe	sion program broadcast by ecific present and former FC	a distant statio CC rules, regu	lations, or authorizations.	For a further	 Substitute				
	T CONCER	NING CURC	TITLITE CARRIAGE				Carriage:				
SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.											
• 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.											
2. LOG OF SUBSTITUTE			ata lina. I lea abbreviatione	wherever no	ssible if their meaning is	,					
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.											
	LIDOTITLIT	TE DDOODAN			EN SUBSTITUTE	7. REASON					
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION					
	Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT	PROM = 10						
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

	ı											
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop. SYSTEM ID 06291											
J Part-Time Carriage Log	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 PART-TIME CARRIAGE											
	CALL SIGN	WHEN	I CARRIAGE OCC				CALL SIGN	WHEN	CARRIAGE O			
		DATE	FROM	JKS	TO			DATE	FROM	OUR:	ТО	
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#					
	st Kentucky Rural Telephone Coop.		062911	Name				
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary	transmission service e this amount, see	K Gross Receipts				
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		\$ 648,774.00 (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 be $k \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! $	e enter	ed on line 1 of					
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered	on line 2 in block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered on line					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		64 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		\$ 648,774.00					
	Enter the result here. This is your minimum fee.	\$	6,902.96					
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 colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting periodic Yes—Complete the DSE schedule. No—Leave block 3 below blank and column 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	nn 4, yo	ou must check					
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero		\$ 615.38					
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		364.94					
	Line 3. Add lines 1 and 2 and enter here	\$	980.31					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		\$ 6,902.96	Cable systems submitting				
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	r	0.00	additional deposits under				
	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		\$ 725.00	additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	7,627.96	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 pa	ge (i) of the	additional 1665.				

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

			FURIVI SASE, PAGE 6.							
Name	West Kentucky Rural		SYSTEM ID# 062911							
M Channels	to its subscribers and (2)	ive (1) the number of channels on which the cable system carried television broadcast sta the cable system's total number of activated channels, during the accounting period.	itions							
	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	· · · · · · · · · · · · · · · · · · ·	em carried television broadcast stations	280							
N Individual to	INDIVIDUAL TO BE COM	ITACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual statement of account.)								
Be Contacted for Further Information	Name Patti Taylor Telephone									
	Address 237 N 8th S (Number, street, r	ural route, apartment, or suite number)								
	(City, town, state,									
0	CERTIFICATION (This state	ement of account must be certifed and signed in accordance with Copyright Office regulat	ions.)							
Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)								
	(Owner other than cor	poration or partnership) I am the owner of the cable system as identifed in line 1 of space B; o	or							
		than corporation or partnership) I am the duly authorized agent of the owner of the cable system and that the owner is not a corporation or partnership; or	stem as identified							
	(Officer or partner) I a in line 1 of space B.	m an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner	r of the cable system							
		ment of account and hereby declare under penalty of law that all statements of fact contained h rect to the best of my knowledge, information, and belief, and are made in good faith. 986)]	nerein							
		/s/ Karen Jackson-Furman								
	(e.g	er an electronic signature on the line above using an "/s/" signature to certify this statement, /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compating.								
	Тур	ed or printed name: Karen Jackson-Furman	100.000.000.000.000.000.000.000.000.000							
	Tith	e: COO (Title of official position held in corporation or partnership)								
	Dat	e: February 22, 2021								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	EM ID# Name
West Kentucky Rural Telephone Coop.	62911 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	Special Statement Concerning
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	Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or 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	- days
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)	
* 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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

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

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

0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

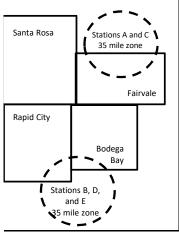
- · When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

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

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

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

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

	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:	<u> </u>		S	STEM ID#					
1	West Kentucky Rural T		pp.			062911					
	SUM OF DSEs OF CATEGORY "O" STATIONS:										
	 Add the DSEs of each static 										
	Enter the sum here and in line	e 1 of part 5 of this	s schedule.		2.00						
2	Instructions:										
_	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5										
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-										
of DSEs for	mercial educational station, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WKPD	0.250									
	WNPT-DT	0.250									
	WSMV-DT	0.250									
	WTVF-DT	0.250				000000000000000000000000000000000000000					
Add rows as	WUPX-DT	1.000									
necessary.						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Remember to copy											
all formula into new											
rows.											
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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		l	
•	•	••••••••••	•••••

Name		WNER OF CABLE SYSTEM: ky Rural Telephone	Соор.				S	3YSTEM ID# 062911
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- Column 6	st the call sign of all distants the call sign of all distants. For each station, give the correspond with the information of the color	ne number of homation given in the total number im 2 by the fig nal point. This istation, give the fumn 4 by the fi	ours your cable systematics of hours that the statemark in column 3, and significant in the statemark in the	m carried the sta nly one DSE for a ion broadcast ov give the result in the value" for the s For each netwo	tion during the accounting each station. er the air during the acco decimals in column 4. Th	unting period. is figure must cational station,	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	GE VALUE		SE.
			÷		=	x	=	
			÷ ÷		= -	x	<u>=</u>	
			÷			x x		
			÷		=	x	=	
			÷	:	=	x	=	
			÷		=	x	=	
			÷		=	X	=	
	Add the DSEs	OF CATEGORY LAC S of each station. m here and in line 2 of pa		edule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Computation of DSEs for Substitute- Substitute- Twas canned by your system in substitution for a program that your system was permitted to detect that if You fall that your system is a program that your system was permitted to detect that if You fall that your system is a program that your system in substitute it in substitute is a program that your system in substitution for programs and it is tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were detected that it is to be the program that your system in the your system.							
		SU	BSTITUTE-I	BASIS STATION	S: COMPUTA	ATION OF DSEs		_
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		÷		=
		÷		=		÷		
		÷		=		÷		=
	Add the DSEs	OF SUBSTITUTE-BASI of each station. m here and in line 3 of pa		edule,		0.00		
5		R OF DSEs: Give the ame		poxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total	
Total Number	1. Number of	f DSEs from part 2 ●				-	2.00	
of DSEs	2. Number of	f DSEs from part 3 ●				<u> </u>	0.00	
	3. Number of	f DSEs from part 4 ●				>	0.00	
	TOTAL NUMBE	R OF DSEs						2.00

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

	WNER OF CABLES y Rural Teleph						S	YSTEM ID# 062911	Name
n block A: If your answer if schedule.		mainder of pa	·	7 of the DSE sched	lule blank and	l complete part	8, (page 16) of th	e	6
If your answer if "No," complete blocks B and C below.									Computation o
s the cable syster	n located wholly o			I ELEVISION MA		ction 76.5 of F0	CC rules and regul	ations in	3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—D0	,	PLETE THE REMAI			oo ralee aha regal		
			CK B: CARE	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation e DSE Sched	ns prior to Jur lule. (Note: Th	part 2, 3, and 4 of t le 25, 1981. For fur le letter M below re Act of 2010.)	ther explanati	ion of permitte	d stations, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station pre	les and regulared pursuant to on as defined all educational I station (76.6 r DSE scheduant to individuationally carried iHF station wi	ations cited be to the FCC mar in 76.5(kk) (7 I station [76.59 5) (see paragule). al waiver of Fo d on a part-tim thin grade-B c	e or substitute basi contour, [76.59(d)(5	e in effect on .57, 76.59(b),)(1), 76.63(a) 3(a) referring stitution of gra	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered state	6.63(a) referring to		
Column 3:		stations iden	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2			orksheet on page 1	14 of 3. DSE	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
WKPD WNPT-DT	C	0.25 0.25							
WSMV-DT	D	0.25							
WTVF-DT	D	0.25							
WUPX-DT	С	1.00							
								2.00	
		В	LOCK C: CC	OMPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from p	part 5 of this	schedule			ur-		
ine 2: Enter the	sum of permitte	d DSEs from	block B abo	ve					
				of DSEs subject 7 of this schedule		ate.			
ine 4: Enter gro	ess receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply li	ine 4 by 0.0375 a	and enter sur	m here				x		permited/ partially nonpermitted
ine 6: Enter tota	al number of DSE	Es from line (3						carriage? If yes, see par 9 instructions
ine 7: Multiply li	ine 6 by line 5 an	d enter here	and on line	2, block 3, space	L (page 7)			0.00	

Nama	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:					SYSTEM ID#				
Name	West Kentucky	Rural Tele	phone Coop.					062911				
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those 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. 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.											
		DEDMITT	ED DOE EOD OTA	TIONIO OA BRIE	DON A DADT TIME AN	ID OLIDOTI	TUTE DAOIG					
	4 0411		1		D ON A PART-TIME AN		1	C DEDMITTED				
	1. CALL	2. PRIC		COUNTING	4. BASIS OF	_	RESENT	6. PERMITTED				
	SIGN	DSE	Р	ERIOD	CARRIAGE		DSE	DSE				
			•	•			<u> </u>					
7	Instructions: Block A	A must be con	npleted.									
	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	Is any portion of the or	cable system w	vithin a top 100 majo	or television mark	cet as defned by section 7	6.5 of FCC	rules in effect Jur	ne 24, 1981?				
	Yes—Complete	blocks B and	C.		No—Proceed to	part 8						
					71							
	BLOCK B: Ca	arriage of VHF	-/Grade B Contour	Stations	BLOCK	C: Compu	utation of Exemp	t DSEs				
		-				•						
	Is any station listed in commercial VHF stati	•			Was any station listed nity served by the cab							
	or in part, over the ca	-	o a grade B contoa	i, iii wiiolo	to former FCC rule 76		onor to maron or	, 1072: (10101				
	<u> </u>	-	th its appropriate per	mitted DSF	II	•	with its appropriate	a nermitted DSE				
	l 💳			IIII.OU DOL	No—Enter zero a			o pormittod BOE				
	No—Enter zero a	a proceed i	part 0.									
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	I DSE				
							-					
						ļ						
				5.55		<u> </u>		2.22				
			TOTAL DSEs	0.00	П		TOTAL DSE	s 0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop.	SYSTEM ID# 062911	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	648,774.00	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.		
	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 DS		
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.)L	
	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	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop.	SYSTEM ID# 062911
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 of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
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. \$ \$	<u></u>
	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	art
		checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	-	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	low
Base Rate Fee	blank What i	i. 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 "loc	al
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	rour 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)	0.00
		Base Rate Fee	

DSE SCHEDUI			5 PERIOD: 2020/2
	OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
West Ken	itucky Rural Telephone Coop.	062911	
Section If the	figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
	Enter 0.01064 of gross receipts		8
	(the amount in section 1) >		
ь	Enter 0.00701 of gross receipts		
Б.	(the amount in section 1) \$		Computation of
			Base Rate Fee
C.	Multiply line B by 3.000 and enter here \$		
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	
	T: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad be reported on a community-by-community basis (subscriber groups) if the cable system reported multip	•	9
	e G. If any of the stations you carried were partially distant, the statute allows you, in computing your base rate	fee to evolude	
	n subscribers located within the station's local service area, from your system's total gross receipts. To tal		Computation of
this exclusio	on, you must:	-	Base Rate Fee
First: Divide	e all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista	nt to the same	and
station or the	e same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ	nine the number o	Syndicated Exclusivity
	ne portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee		Surcharge
•	d up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
must also co	y portion of your cable system is located within the top 100 television market and the station is not exempt ompute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to Ider	ntify 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 distant	station you	Stations
carried to the	at community.		
outside the	each wholly distant and each partially distant station you carried, determine which of your subscribers were station's local service area. A subscriber located outside the local service area of a station is distant to tha ken, the station is distant to the subscriber.)		
subscriber g	de your subscribers into subscriber groups according to the complement of stations to which they are dista group must consist entirely of subscribers who are distant to exactly the same complement of stations. Not have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing	the base rate fee for each subscriber group: Block A contains separate sections, one for each of your	system's	
subscriber g In each sect			
	e communities/areas represented by each subscriber group.		
Give the ca	all sign for each of the stations in the subscriber group's complement—that is, each station that is distant t in the group.	ວ all of the	
• If:			
,	em is located wholly outside all major and smaller television markets, give each station's DSE as you gave s schedule; or,	it in parts 2, 3,	
2) any portio	on of your system is located in a major or smaller televison market, give each station's DSE as you gave it this schedule.	in block B,	
Add the DS	SEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate o	gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene er SA3 form.	ral instructions	
Compute a page. In ma DSEs for that	a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on aking this computation, use the DSE and gross receipts figure applicable to the particular subscriber group at group's complement of stations and total gross receipts from the subscribers in that group). You do not calculations on the form.	(that is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062911 West Kentucky Rural Telephone Coop. 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 West Kentucky Ru						S	YSTEM ID# 062911	Name
E				TE FEES FOR EACH				
		SUBSCRIBER GROUI				SUBSCRIBER GROU	IP .	9
COMMUNITY/ AREA	Beulah			COMMUNITY/ AREA Brazil, Eaton				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DOE	OALL SIGN	DOE	OALL SIGN	DOE	CALL SIGN	DOE	or Base Rate Fee
						H		
								and
							····	Syndicated
			 					Exclusivity
		-						Surcharge
		-						for
								Partially
								Distant
								Stations
								
					_			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 116.	779.32	Gross Receipts Second	d Group	\$	19,463.22	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	5	<u> </u>	FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	Browns	Grove & Others		COMMUNITY/ AREA		on, Trimble		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WSMV-DT	0.25			
		-						
		+						
		<u> </u>						
					.			
								
								
						-		
								
Total DSEs			0.00	Total DSEs			0.25	
Total DSEs				Total DSEs			-	
Gross Receipts Third G	Group	\$ 6,	487.74	Gross Receipts Fourth	Group	\$	32,438.70	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	86.29	
Base Rate Fee: Add th	ne base rate	e fees for each subscri	ber aroup s	as shown in the boxes ab	ove			
Enter here and in block			_ J. J. Jup 6	III alo boxeo ab		\$	615.38	

		phone Coop.					062911	Name	
E				TE FEES FOR EACH					
		SUBSCRIBER GROU		SIXTH SUBSCRIBER GROUP			9		
COMMUNITY/ AREA	Coldwa	water, Dexter, Kirksey		COMMUNITY/ AREA Cottage Grove, Buchanan, Puryear			, Puryear	Computat	
CALL SIGN	DSE CALL SIGN		SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
				WNPT-DT	0.25			Base Rate	
				WUPX-DT	1.00			and	
		***************************************						Syndicat	
		-						Exclusiv	
								Surcharg	
							····	for	
								Partially	
								-	
								Distant	
								Stations	
		-							
		-							
otal DSEs			0.00	Total DSEs			1.25		
Gross Receipts First Group \$ 227,070.90			,070.90	Gross Receipts Second	d Group	\$	6,487.74		
							1		
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second	d Group	\$	80.40		
	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	P		
COMMUNITY/ AREA	Cunnin	gham, Kirbyton		COMMUNITY/ AREA	Faxon, F	I.Grove, L.Grove,	Lville		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WKPD	0.25				
		-							
	<u>-</u>								
	l I					-			
		-							
otal DSEs			0.00	Total DSEs			0.25		
	Group	s 116	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.25		
Total DSEs Gross Receipts Third C	Group	s 116			Group	\$	-		
	•	s 116			·	\$	-		
Gross Receipts Third G	•		5,779.32	Gross Receipts Fourth	·		19,463.22		
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth Base Rate Fee Fourth	Group		19,463.22		
Gross Receipts Third C	Group ne base rate	\$ e fees for each subsc	0.00	Gross Receipts Fourth	Group		19,463.22		

west Kentucky Ru				LEGAL NAME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop. SYSTEM ID# 062911						
В	LOCK A: (COMPUTATION OF	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP				
	NINTH SUBSCRIBER GROUP				TENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Mason	Hall		COMMUNITY/ AREA Melber						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	DSE CALL SIGN DSE				
WKPD	0.25							of Base Ra		
WTVF-DT	0.25	•	<u> </u>			=		an		
	0.20						······	Syndic		
						H		-		
								Exclus		
								Surch		
								fo		
								Parti		
								Dista		
								Statio		
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	·		<u> </u>			-				
	ļ					_				
	.		<u></u>							
	.		<u></u>							
Total DSEs			0.50	Total DSEs			0.00			
Gross Receipts First Gr	oup	<u>\$</u> 6	5,487.74	Gross Receipts Secon	d Group	\$	6,487.74			
Base Rate Fee First Group \$ 34.51			-	Base Rate Fee Secon		\$	0.00			
El	EVENTH	SUBSCRIBER GROL	JP	TWELVTH SUBSCRIBER GROUP						
COMMUNITY/ AREA	Yorkvill	е		COMMUNITY/ AREA	Fairdeal	ing, Hardin				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
WSMV-DT	0.25									
AITVE DT		•								
/V I V C - D I	0.25									
WIVF-DI	0.25									
WIVF-DI	0.25									
WIVF-DI	0.25									
WIVF-DI	0.25									
WIVF-DI	0.25									
WIVF-UI	0.25									
WIVF-UI	0.25									
WIVF-DI	0.25									
WIVF-DI	0.25									
	0.25									
	0.25									
	0.25									
	0.25									
	0.25									
	0.25		0.50							
	0.25		0.50	Total DSEs			0.00			
Total DSEs		\$ 64	0.50	Total DSEs Gross Receipts Fourth	Group	\$	0.00			
Total DSEs Gross Receipts Third Gi	roup		1,877.40			\$	19,463.22			
Total DSEs Gross Receipts Third G	roup	<u>s</u> 64		Gross Receipts Fourth		\$				
Total DSEs Gross Receipts Third Gi	roup	\$	345.15	Gross Receipts Fourth	Group	\$	19,463.22			

LEGAL NAME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop. SYSTEM ID# 062911								Nam	
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCRI	IBER GROUP			
THI		SUBSCRIBER GROU	JP	FC	UP	9			
COMMUNITY/ AREA	Hazel, N	lew Concord		COMMUNITY/ AREA 0					
CALL SIGN	GN DSE CALL SIGN DSE C				CALL SIGN DSE CALL SIGN DSE				
WKPD	0.25							Base Ra	
								and	
								Syndic	
								Exclus	
								Surcha	
								for	
								Partia	
								Dista	
								Statio	
otal DSEs			0.25	Total DSEs			0.00		
Gross Receipts First Group \$ 6,487.74				Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First G	oup	\$	17.26	Base Rate Fee Seco	nd Group	\$	0.00		
FI	FTEENTH	SUBSCRIBER GROL	JP		SIXTEENTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00		
				B B					
Page Bate Fee Think C	rour		0.00						
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00		

LEGAL NAME OF OWNER West Kentucky Ru				Timetou 0.70 Otal		S	YSTEM ID# 062911	Name
В				TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU	Р			SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA	Beulah			COMMUNITY/ AREA Brazil, Eaton			Computation	
CALL SIGN	DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE				of			
				WTVF-DT	0.25			Base Rate Fee
				WSMV-DT	0.25			and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
						-		Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.50	
Gross Receipts First Gr	oup	s 116.	779.32	Gross Receipts Second	d Group	\$	19,463.22	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	364.94	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Browns	Grove & Others		COMMUNITY/ AREA	Churchte	on, Trimble		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
					•			
					•			
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 6,	487.74	Gross Receipts Fourth	Group	\$	32,438.70	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes al	oove.	\$	364.94	

LEGAL NAME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop. SYSTEM ID# 062911								Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GROU	IP		SIXTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	Coldwa	Coldwater, Dexter, Kirksey		COMMUNITY/ AREA Cottage Grove, Buchanan, Puryear				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
		-						and
	<u>"</u>	-			1	-		Syndica
								Exclusiv
						-		Surchar
								for
							···	Partiall
								Distan
								Station
							<u> </u>	
					 			
					ļ			
					 			
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts First G	oup	\$ 227,	,070.90	Gross Receipts Second	d Group	\$	6,487.74	
3ase Rate Fee First G	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	IP		EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Cunnin	gham, Kirbyton		COMMUNITY/ AREA	Faxon, I	H.Grove, L.Grove,	Lville	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>"</u>	-			1	-		
			••••••					
		-						
	<u>u</u>				†			
						-		
						-		
						-		
					 			
			0.00	Total DSEs			0.00	
otal DSEs			0.00					
	roup	\$ 116 _.	779.32	Gross Receipts Fourth	Group	\$	19,463.22	
Total DSEs Gross Receipts Third G	·		779.32					
	·	\$ 116, \$		Gross Receipts Fourth Base Rate Fee Fourth		\$	0.00	

Nonpermitted 3.75 Stations

		E SYSTEM: phone Coop.		mitted 0.70 Otal		S	062911	Name
E				TE FEES FOR EACH				
000000000000000000000000000000000000000		SUBSCRIBER GROU	IP	COMMUNITY ASS		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	wason	Пан		COMMUNITY/ AREA Melber			Computation	
CALL SIGN	DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE				DSE	of		
								Base Rate F
								and
		-						Syndicate
						_		Exclusivit Surcharge
						_		for
								Partially
		-				=		Distant
						_		Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 6	,487.74	Gross Receipts Second	d Group	\$	6,487.74	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	IP			SUBSCRIBER GROU	JP	
	Yorkvill		IP	COMMUNITY/ AREA			JP	
			DSE				JP DSE	
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
COMMUNITY/ AREA	Yorkvill	le	T	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
CALL SIGN	Yorkvill	le	DSE	COMMUNITY/ AREA	Fairdeal	ing, Hardin		
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE	ing, Hardin	DSE	
COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ing, Hardin	DSE	

Nonpermitted 3.75 Stations

	ıral Telep	E SYSTEM: phone Coop.					062911	Name
				TE FEES FOR EAC				
		SUBSCRIBER GROU	JP	FC	9			
COMMUNITY/ AREA	EA Hazel, New Concord COMMUNITY/ AREA 0					_		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation		
						CALL SIGN		Base Rate F
								and
								Syndicated
								Exclusivity
						-		Surcharge for
	1					-		Partially
								Distant
								Stations
		-						
		-						
	1							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roun	s f	5,487.74	Gross Receipts Seco	nd Group	\$	0.00	
orodo redospio r noi o	oup		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cross resorts esse	na Oroup	•		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
F	FTEENTH	SUBSCRIBER GROU	JP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	A control of						DSE	
							DSE	
							DSE	
		-				-	DSE	
							DSE	
							DSE	
							DSE	
							DSE	
							DSE	
							DSE	
							DSE	
							DSE	
							DSE	
Total DSEs			0.00	Total DSEs			0.00	
			0.00				0.00	
	iroup	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$		
Total DSEs Gross Receipts Third G	·	\$			·		0.00	
Gross Receipts Third C	Group		0.00	Gross Receipts Fourt	h Group	\$	0.00	

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
Name	West Kentucky Rural Telephone Coop. 06291
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:
of	☐ First 50 major television market ☐ Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for Partially	this schedule. Step 2: In line 2, give the total DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this
Distant Stations	schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.
	FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group
	THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
	computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
Name	West Kentucky Rural Telephone Coop. 06291
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:
of	☐ First 50 major television market ☐ Second 50 major television market
Base Rate Fee	INSTRUCTIONS:
and Syndicated Exclusivity Surcharge	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.
	FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group
	SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)

FORM SA3E, PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop.	SYSTEM ID# 062911	
Q Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP our cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a dicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market Second 50 major television market		
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP	
		TENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SURCHARGE First Group	SURCHARGE Second Group	
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page		

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop.	SYSTEM ID# 062911	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	_	Second 50 major television market	
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comme		
Syndicated Exclusivity Surcharge for Partially Distant Stations	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.		
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group	
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Einer the Exempt DSLs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt BSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	9 1	