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

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

Α ACCOUNTING PERIOD CO 2020/2 Accounting Period Instructions B Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate 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. 63537 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Kearsarge Telephone Company 6353720202 63537 2020/2 525 Junction Rd Madison, WI 53717-2152 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System IDENTIFICATION OF CABLE SYSTEM: 1 TDS Telecom, Inc. 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 community served below and relist on page 1b with all communities Area Served CITY OR TOWN STATE NH First New London Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CH LINE UP CITY OR TOWN (SAMPLE) STATE SUB GRP# MD Alda Α 1 Sample Alliance MD В 2 MD в 3 Gerina Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

# COPYRIGHT OFFICE USE ONLY

Cable Systems (Long Form) General instructions are located in

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

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

	FOR COPYRIGHT	OFFICE USE ONLY
	DATE RECEIVED	AMOUNT
	0.00.04	\$
	2-26-21	ALLOCATION NUMBER
VERE	D BY THIS STATEMENT:	

FORM SA3E. PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	T	
Kearsarge Telephone Company			63537		
Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs	prated communitie	s within unincorpo	orated	D Area	
of system identification hereafter known as the "first community." Please use it as the first community on all future filings. <b>Note:</b> 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., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-communit	e column blank. If evant community nity basis, associa	you report any sta with a subscriber te each communit	itions group, ty with a		
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b		p designated by a	number		
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	]	
New London	NH	AA		First	
Andover	NH	AA		Community	
Boscawen	NH	AA			
Chichester	NH	AA			
Salisbury	NH	AA			
Wilmot	NH	AA		See instructions for	
				additional information on alphabetization.	
				Add rows as necessary.	
				1	

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T	Ι	
<u>, I</u>		

									I SA3E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE							S	YSTEM ID				
	Kearsarge Telephone C	ompany							6353				
	SECONDARY TRANSMISSION				TER								
E	In General: The information in s			-	-	y transmission s	service of t	he cable					
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information												
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the												
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).												
Service: Sub-		•	ocks in space E call for the number of subscribers to the cable system, broken										
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in												
Rales	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).												
	separately for the particular service at the rate indicated—not the number of sets receiving service). <b>Rate:</b> 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.	-	-	-			-	-					
	category, but do not include disc												
	Block 1: In the left-hand block												
	systems most commonly provide												
	that applies to your system. <b>Note</b> categories, that person or entity			-		-							
	subscriber who pays extra for ca						•						
	first set" and would be counted o												
	Block 2: If your cable system h					service that are	different f	rom those					
	printed in block 1 (for example, ti					,	,,	, 0					
	with the number of subscribers a	ind rates, in the	e right-h	hand block. A ty	vo- or thre	e-word descripti	on of the s	service is					
	sufficient.	DCK 1					BLOC	СК 2					
		NO. OF	-				DLOC	NO. OF					
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE				
	Residential:												
	<ul> <li>Service to first set</li> </ul>		1,882	\$25/mo									
	<ul> <li>Service to additional set(s)</li> </ul>												
	<ul> <li>FM radio (if separate rate)</li> </ul>												
	Motel, hotel												
	Commercial		3	\$55.54/mo									
	Converter												
	• Residential	1,882 \$6/Mo.											
	Non-residential												
	SERVICES OTHER THAN SEC		Nemie		2								
_	In General: Space F calls for rat					II your cable sys	tem's serv	ices that were					
F	not covered in space E, that is, th												
	service for a single fee. There ar												
Services	furnished at cost or (2) services												
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ates are ch	harged on a varia	able per-pi	rogram basis,					
Fransmissions:	Block 1: Give the standard rat		he cabl	e system for ea	ch of the	applicable servio	es listed.						
Rates	Block 2: List any services that			•		••		were not					
	listed in block 1 and for which a s	separate charg	je was i	made or establi	shed. List	these other service	vices in the	e form of a					
	brief (two- or three-word) descrip	tion and inclue	de the ra	ate for each.									
		BLO	CK 1					BLOCK 2					
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE				
	Continuing Services:		Install	ation: Non-res	idential								
	• Pay cable	14-19.99/mo	• Mc	otel, hotel									
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial		\$0 - \$49.95							
	<ul> <li>Fire protection</li> </ul>		•Pa	y cable									
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l cl	nannel								
	Installation: Residential			e protection									
	• First set	\$0-\$49.95	• Bu	rglar protection									
	<ul> <li>Additional set(s)</li> </ul>	\$0-\$49.95		services:									
	<ul> <li>FM radio (if separate rate)</li> </ul>		-	connect		\$0-\$25							
	• Converter		• Dis	sconnect									
			•Ou	tlet relocation		19.98-39.96							
			• Mo	ove to new add	ess								

FORM SA3E.	PAGE 3.
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FORM SA3E. PAGE 3. LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	
Kearsarge Tele	ephone Com	pany			63537	, Name
	ERS: TELEVISIO	N				
carried by your cable s	system during th tions in effect on	ne accounting I June 24, 198	period, except ( 31, permitting the	1) stations carriec e carriage of certa	and low power television stations) l only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	<b>G</b> Primary
substitute program ba Substitute Basis	· ·		0 1	carried by your ca	ble system on a substitute program	Transmitters: Television
basis under specifc F				camed by your ca	ble system on a substitute program	Television
<ul> <li>Do not list the station station was carried</li> </ul>			it in space I (the	e Special Stateme	nt and Program Log)—if the	
	,		tion was carried	both on a substitu	ite basis and also on some other	
basis. For further in in the paper SA3 for		erning substite	ute basis station	is, see page (v) of	the general instructions located	
Column 1: List eac	ch station's call	-			such as HBO, ESPN, etc. Identify	
			-	-	ion. For example, report multi- stream separately; for example	
NETA-simulcast).						
			-		on for broadcasting over-the-air in nay be different from the channel	
on which your cable s	ystem carried th	e station.		0		
				-	pendent station, or a noncommercial st), "I" (for independent), "I-M"	
(for independent multi	cast), "E" (for no	oncommercial	educational), or	""E-M" (for noncor	nmercial educational multicast).	
For the meaning of the Column 4: If the st			-		e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local serv	rice area, see pa	age (v) of the g	general instruction	ons located in the	paper SA3 form.	
-			-	-	tating the basis on which your ering "LAC" if your cable system	
carried the distant sta		•	0.		<b>o i i</b>	
	uon on a part-un				apaony.	
	sion of a distant	multicast stre	am that is not s	ubject to a royalty	payment because it is the subject	
of a written agreemen	sion of a distant t entered into or	multicast stre	am that is not sone 30, 2009, bet	ubject to a royalty ween a cable syst		
of a written agreemen the cable system and tion "E" (exempt). For	sion of a distant t entered into or a primary transr simulcasts, also	multicast stre or before Jun nitter or an as o enter "E". If y	eam that is not so ne 30, 2009, bet ssociation repres you carried the c	ubject to a royalty ween a cable systemating the primary channel on any oth	payment because it is the subject em or an association representing / transmitter, enter the designa- uer basis, enter "O." For a further	
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Kearsarge Tel	•				635	57
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
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1 0	, I		0 1	carried by your ca	able system on a substitute program	Television
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Accounting I En								
	LEGAL NAME OF C	OWNER OF CABL	E SYSTEM	Л:				SYSTEM ID#
Name	Kearsarge T	elephone C	compar	ıy				63537
		•		•				
H Primary Transmitters: Radio	all-band basis w Special Instruct receivable if (1) on the basis of the For detailed info located in the pa Column 1: In	t every radio so whose signals we ctions Concer- it is carried by monitoring, to pormation about aper SA3 form dentify the call	tation can were "gen ining Alle the syst be receive the the for sign of e	rried on a separate and discret herally receivable" by your cab <b>Band FM Carriage:</b> Under Co em whenever it is received at to red at the headend, with the sy Copyright Office regulations or ach station carried. h is AM or FM.	le system during opyright Office re the system's hea stem's FM anten	the accounting gulations, an I dend, and (2) na, during cer	g period. =M signa it can be tain state	al is generally expected, ed intervals.
	Column 3: If	the radio stati	on's sign	al was electronically processe	d by the cable sy	stem as a sep	arate an	d discrete
				mark in the "S/D" column.				
	Column 4: G	live the station	's locatio	n (the community to which the	station is license	d by the FCC	or, in the	e case of
	Mexican or Can	adian stations	, if any, t	he community with which the s	tation is identified	d).		
		1		I	1			
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	N/A							
	[	1			[			

LEGAL NAME OF OWNER OF Kearsarge Telephone							SYSTEM ID# 63537	Name
SUBSTITUTE CARRIAGI								
In General: In space I, ident substitute basis during the a	ify every no	nnetwork televi	sion program broadcast by	a distant static				I
explanation of the programm	ning that mu	st be included i	n this log, see page (v) of th					Substitute Carriage:
1. SPECIAL STATEMENT					4			Special
<ul> <li>During the accounting per broadcast by a distant stat</li> </ul>		I Cable system	r carry, on a substitute bas	is, any nonne		Yes	X No	Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is	"Yes," you mu	ust complete	the progra	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant stat egulations, c tition. Do no Lucy" or "NE n was broad sign of the adcast static hadian static th and day we "5/7." es when the Example: a er "R" if the and regulati rogramming	attach addition nnetwork telev ion and that yo or authorizatior of use general 3A Basketball: dcast live, ente station broadca on's location (ti ons, if any, the when your sys e substitute pro a program carr listed program ons in effect d	al pages. ision program (substitute pour cable system substitute as. See page (vi) of the ger categories like "movies", o 76ers vs. Bulls." or "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the tem carried the substitute ogram was carried by your ied by a system from 6:01: a was substituted for progra	brogram) that, d for the prog neral instruction r "basketball". No." am. station is lice station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y d; enter the le	during the a gramming of ons located i . List specifi ensed by the ntified). e numerals, v . List the time 28:30 p.m. sh vour system t tter "P" if the	Accounting another sta in the pape c program FCC or, in with the mole es accurate hould be was require elisted pro	ation r nth ely	
s	UBSTITUT	E PROGRAM	1		EN SUBSTI		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES – TO	DELETION	
N/A					-	_		
						_		
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FORM SA3E. PAGE 5.

Nama	LEGAL NAME OF C	WNER OF CABLE	SYSTEM:						SYSTE	M ID#
Name	Kearsarge T	elephone Co	ompany						6	63537
J Part-Time Carriage Log	<ul> <li>PART-TIME CARRIAGE LOG</li> <li>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.</li> <li>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.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>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."</li> <li>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."</li> </ul>									
			DA	TES AND HOURS	DF F	PART-TIME CAR	RIAGE			
		WHEN	I CARRIAGE O	CCURRED			WHEN	I CARRIAGE O	CCURRED	
	CALL SIGN			OURS		CALL SIGN			OURS	
		DATE	FROM	TO			DATE	FROM	1	TO
	N/A									
				<u> </u>						
				<u> </u>						
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FORM	SA3E. PAGE 7.		
LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Kea	irsarge Telephone Company	63537	Nume
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to con- e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	dary transmission service	K Gross Receipts
<ul> <li>Instru</li> <li>Com</li> <li>Com</li> <li>If yo fee f</li> <li>If yo</li> </ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amo rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parts mpanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be e k 3 below.	entered on line 1 of	
If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ent low.	tered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	be entered on line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		
	Enter the result here. This is your minimum fee.	\$ 6,305.62	
	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> <li>X No—Leave block 3 below blank and c</li> </ul>	4, you must check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	
Block 4	<ul> <li>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</li> <li>Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.</li> <li>Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)</li> <li>Line 4. FILING FEE.</li> <li>Line 4. FILING FEE.</li> <li>Add Lines 1, 2 and 3 of block 4 and enter total here</li> </ul>	\$ 6,305.62 0.00 0.00 \$ 725.00 \$ 7,030.62	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing additional fees. Division for the appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form and the Excel instructions tab		

ACCOUNTING PERI	DD: 2020/2	FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Kearsarge Telephone Company	63537
-	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadc	ast stations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period	L.
Channels		[]
	Enter the total number of channels on which the cable     system carried television broadcast stations	34
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	382
	and nonbroadcast services	
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
Individual to	we can contact about this statement of account.)	
Be Contacted		
for Further	Name Stephanie Weber Telepho	one <b>(608) 664-4721</b>
Information		
	Address 525 Junction Rd	
	(Number, street, rural route, apartment, or suite number)	
	Madison, WI 53717-2152	
	(City, town, state, zip)	
	Email Finance@tdstelecom.com Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office r	equiptions )
0		egulations.
Certifcation	<ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	
Controlation		
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of spac	e B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	e system as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as of in line 1 of space B.	wner of the cable system
	in line to space b.	
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contair are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> </ul>	ed herein
	[18 U.S.C., Section 1001(1986)]	
	/s/ Sharon V. Tisdale	
	Enter on electronic simplifies on the line choice using on #/s/# simplifies to entity this statement	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your curso	
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus co	mpatibility settings.
	Typed or printed name: Sharon V. Tisdale	
	Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
	· · · · · · · · · · · · · · · · · · ·	
	Date: February 26, 2021	
Privacy Act Notice	: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informat	ion (PII) requested on this
	sess your statement of account. PII is any personal information that can be used to identify or trace an individual, such as nar	

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.

U.S. Copyright Office

FORM	SA3E.	PAGE9

LEGAL NAME OF OWNER OF CABLE SYSTEM: Kearsarge Telephone Company	SYSTEM ID# 63537	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 fol- lowing 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 sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.		Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?		
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
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	-	
x	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)	rge)	
* 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@copyright.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.		
Owner		
Address		
First community served		
Accounting period ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) rec	uested on this	
orm 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		

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

# DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Kearsarge Telephone Company63537								
	<ul> <li>Add the DSEs of each station.</li> <li>Enter the sum here and in line <sup>2</sup></li> </ul>	SUM OF DSEs OF CATEGORY "O" STATIONS:         Add the DSEs of each station.         Enter the sum here and in line 1 of part 5 of this schedule.         0.00							
<b>2</b> Computation of DSEs for	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25."								
Category "O"	CATEGORY "O" STATIONS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as									
necessary. Remember to copy all formula into new rows.									

	ТГ	
······································	L	

DSE SCHEDULE. PAGE 12.

Namo		OWNER OF CABLE SYSTEM:					Ś	SYSTEM ID#	
Name	Kearsarge Telephone Company     63537								
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 be carried out Column 5 give the type- Column 6	<b>CAPACITY</b> st the call sign of all distar correspond with the inforr For each station, give th Divide the figure in colu at least to the third decin For each independent s value as ".25." Multiply the figure in col point. This is the station's	ne number of l mation given i ne total numbe mn 2 by the fi nal point. This tation, give th umn 4 by the	hours your cable syste n space J. Calculate o er of hours that the sta gure in column 3, and is the "basis of carriag e "type-value" as "1.0. figure in column 5, and	em carried the stati inly one DSE for ea tion broadcast ove give the result in d ge value" for the st " For each network d give the result in	on during the accounting ach station. In the air during the account lecimals in column 4. Thi ation. K or noncommercial educ column 6. Round to no l	unting period. s figure must ational station, ess than the		
Capacity		(	CATEGOR	Y LAC STATIONS	: COMPUTAT	ION OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R JRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TYPE	-	ЭЕ	
	N/A		÷			×	=		
			÷			×			
			÷ ÷			x x	=		
			÷		=	x	=		
			÷			x	=		
			÷ ÷		=	x x	=		
	Add the DSEs	OF CATEGORY LAC ST of each station. Im here and in line 2 of pa		hedule,		0.0	0		
<b>4</b> Computation of DSEs for Substitute- Basis Stations	outation       • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space l).         outation       • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space l).         Stitute-       Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted						).		
		SL	JBSTITUTE	E-BASIS STATIO	NS: COMPUTA	ATION OF DSEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		+	•				÷		
				=			÷ ÷	=	
			-	=			÷	=	
				=			÷	=	
	Add the DSEs	GOF SUBSTITUTE-BASIS of each station. Im here and in line 3 of pa			······•	0.0	÷ 0	=	
5		ER OF DSEs: Give the among sapplicable to your system		boxes in parts 2, 3, and	d 4 of this schedule	and add them to provide	the total		
Total Number		of DSEs from part 2 •				►	0.00		
of DSEs	2. Number	of DSEs from part 3 •				▶	0.00		
	3. Number	of DSEs from part 4 •				<u>•</u>	0.00		
	TOTAL NUMBE	R OF DSEs					•	0.00	

ACCOUNTING PERIOD:	2020/2
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LEGAL NAME OF O	WNER OF CABLE S	YSTEM:					S	YSTEM ID#	
Kearsarge Tel	ephone Compa	any						63537	Name
	ck A must be comp "Yes," leave the rei		irt 6 and part 7	of the DSE sched	ule blank and o	complete part	8, (page 16) of the		6
<ul> <li>schedule.</li> <li>If your answer if '</li> </ul>	"No," complete blo	cks B and C b	pelow.						
				ELEVISION M	ARKETS				Computation of
Is the cable system effect on June 24,	n located wholly ou 1981?					ion 76.5 of FC	C rules and regula	ations in	3.75 Fee
	plete part 8 of the		O NOT COMP	LETE THE REMAI	NDER OF PAR	RT 6 AND 7.			
X No—Complete blocks B and C below.									
		BLOO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)									
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	les and regul ed pursuant to	ations cited be the FCC mar	is on which you ca low pertain to thos ket quota rules [76	e in effect on . .57, 76.59(b),	June 24, 1981. 76.61(b)(c), 76	5.63(a) referring to		
	C Noncommeric	al educationa I station (76.6 r DSE schedu	l station [76.59 5) (see paragi ule).	6.59(d)(1), 76.61(e) (c), 76.61(d), 76.6 (aph regarding sub CC rules (76.7)	3(a) referring t	to 76.61(d)]			
	*F A station prev	viously carrie HF station wi	d on a part-tim thin grade-B c	e or substitute bas ontour, [76.59(d)(5			ring to 76.61(e)(5)	]	
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of [	DSEs from p	eart 5 of this s	chedule				-	
Line 2: Enter the	sum of permitted	DSEs from	block B abo	/e				-	
Line 3: Subtract (If zero, le	line 2 from line 1. eave lines 4–7 bla			•		ite.		0.00	
Line 4: Enter gro	ss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here						partially permited/ partially
Line 6: Enter tota	al number of DSE	s from line 3	3				X	-	nonpermitted carriage? If yes, see part
Line 7: Multiply li	ne 6 by line 5 and	d enter here	and on line ?	, block 3. space l	L (page 7)			0.00	9 instructions.
				,	(130 /)		·ŀ		

DSE SCHEDULE. PAGE 13.

								DSE S	CHEDULE. PAGE 14.
	LEGAL NAME OF OWN	ER OF CABLE	SYSTEM:						SYSTEM ID#
Name	Kearsarge Tele	phone Corr	npany						63537
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the c Column 2: Indicate t Column 3: Indicate t Column 4: Indicate t (Note that the FC A—Part-time spo B—Late-night pr S—Substitute ca Column 5: Indicate t Column 6: Compare in t	r to June 25, 1 call sign for each the DSE for this the accounting the basis of ca CC rules and re ecialty program 76.59(d)(1),76. ogramming: C 76.61(e)(3)). arriage under c general instruct the station's D the DSE figur plock B, colum	981, under former F ch distant station ide is station for a single period and year in v rriage on which the egulations cited belo ming: Carriage, on 61(e)(1), or 76.63 (r arriage under FCC r ertain FCC rules, re tions in the paper S/ SE for the current ac res listed in columns n 3 of part 6 for this u give in columns 2,	CC rules gover intifed by the let e accounting pe which the carria station was carria we pertain to the a part-time basis eferring to 76.6 ules, sections 7 gulations, or au A3 form. coounting perior 2 and 5 and lis station.	rnin tter rioc ge riec ose is, ( 1(e 76.5 76.5 tthc d a:	tifed by the letter "F" in o ng part-time and substitu "F" in column 2 of part d, occurring between Ja and DSE occurred (e.g d by listing one of the fo in effect on June 24, 19 of specialty programmir e)(1)). 59(d)(3), 76.61(e)(3), or orizations. For further ex s computed in parts 2, 3 he smaller of the two fig accurate and is subject	ute carriage 6 of the DS inuary 1, 19 I, 1981/1). Ilowing lette 981.) 19 under FC 76.63 (refe splanation, s 3, and 4 of t ures here. 1	) E schedule. 78 and June 30, 198 rrs: C rules, sections rring to see page (vi) of the his schedule. This figure should be	1. entered
		PERMIT	TED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME ANI	O SUBSTIT	UTE BASIS	
	1. CALL	2. PRIC	DR 3. ACC	COUNTING		4. BASIS OF	5. PF	RESENT 6	. PERMITTED
	SIGN	DSE	PE	ERIOD		CARRIAGE	I	DSE	DSE
		ļ							
7	Instructions: Block A	must be comp	oleted.						
1	In block A:								
Computation	If your answer is	"Yes," complet	e blocks B and C, b	elow.					
of the					art	8 of the DSE schedule.			
Syndicated		,							
-			BLOCI	K A: MAJOR	11	ELEVISION MARKE	:1		
Exclusivity									
Surcharge	<ul> <li>Is any portion of the c</li> </ul>	able system wi	thin a top 100 major	television marke	et a	as defned by section 76.5	5 of FCC rule	es in effect June 24, 1	981?
	Yes—Complete	blocks B and	С.			X No—Proceed to	part 8		
							•		
	BLOCK B. C	arriage of VH	-/Grade B Contour S	Stations		BLOCI		tation of Exempt DS	E۹
	BEOOK B. C	amage of vin			_	BLOOK	t o. compe		23
	Is any station listed in					Was any station listed			
	commercial VHF station		a grade B contour, i	n whole		nity served by the cable	, ,	ior to March 31, 1972	2? (refer
	or in part, over the cat	ole system?				to former FCC rule 76.	159)		
	Yes—List each st	ation below with	its appropriate permi	tted DSE		Yes—List each sta	ation below w	ith its appropriate perm	nitted DSE
	X No-Enter zero a	nd proceed to p	art 8.			X No-Enter zero ar	nd proceed to	part 8.	
		1	1			г – т	1		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	DSE
		ļ							<mark></mark>
		ļ							
								]	
		[]							
									····
		h							····
									<mark></mark>
			TOTAL DSEs	0.00				TOTAL DSEs	0.00
	1					1			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Kearsarge Telephone Company	SYSTEM ID# 63537	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	592,633.70	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     Yes—Complete part 9 of this schedule.     No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSI is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) 🕨 💲		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSI 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)	E	
	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		

		DSE SCHEDULE. PAGE 10
Name	LEGAL NAM	IE OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID
Naine		Kearsarge Telephone Company 6353
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	-10	A. Enter 0.00300 of gross receipts (the amount in section 1).
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here.
		D. Enter 0.00089 of gross receipts (the amount in section 1)
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here
		F. Multiply line D by line E and enter here <b>▶</b> \$
		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
	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 part checked "Yes," use the total number of DSEs from part 5.
	• In blo	ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.
Computation		r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.
of	-	r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below
Base Rate Fee	blank What i	s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers
		bocated within that station's local service area and others were located outside that area. For the definition of a station's "local
		e area," see page (v) of the general instructions.
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS
	• Did v	bur cable system retransmit the signals of any partially distant television stations during the accounting period?
	[	Yes—Complete part 9 of this schedule.
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	Section 1	Enter the amount of gross receipts from space K (page 7) 592,633.70
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.
	2	(If block A of part 6 was checked "Yes,"
		use the total number of DSEs from part 5.)
	Section	
	3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank.
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.
		A. Enter 0.01064 of gross receipts
		(the amount in section 1)
		B. Enter 0.00701 of gross receipts
		(the amount in section 1)
		C. Subtract 1.000 from total DSEs
		(the figure in section 2) and enter here
		D. Multiply line B by line C and enter here
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)
		Base Rate Fee
		ματο το τ

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
Kears	arge Telephone Company 63537	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts	O
	(the amount in section 1)	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) <b>§</b>	of
	C. Multiply line B by 3.000 and enter here	Base Rate Fee
	D. Enter 0.00330 of gross receipts	
l	(the amount in section 1) <b>5</b>	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
1	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
Instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
-	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	Computation of
exclusi	on, you must.	Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
<b>Comp</b> ugroups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
• ·	I section:	
<ul> <li>Identi</li> </ul>	fy the communities/areas represented by each subscriber group.	
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and s schedule; or,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
page. DSEs f	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Kearsarge Telephone Company     63537								Name
E		COMPUTATION OF						
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Stations
Total DSEs 0.00			0.00	Total DSEs 0.00				
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Seco	nd Group	\$	0.00	
THIRD SUBSCRIBER GROUP								
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							·····	
Total DSEs		0.00		Total DSEs		0.00		
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group \$ 0.00			0.00	
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group \$ 0.00			0.00	
Base Rate Fee: Add the	e base rate	e fees for each subscrib	ber group as	s shown in the boxes at	oove.			
Enter here and in block 3, line 1, space L (page 7)						\$	0.00	