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						
0/40/04	\$						
8/10/21	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	AC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting		2021/1								
Period										
B Owner	rate	Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines of the the owner different owners during the accounting period, only the owner ingle statement of account and royalty fee payment covering the entire accoording the conduction of the conduction of the conduction of the owner ingle statement of account and royalty fee payment covering the entire accoording the conduction of the conduction o	ss of the cable syster on the last day of to unting period.	em. he accounting period should st		027285				
		Cumberland Cellular LLC								
		DUO Broadband								
		200 2.00000000		0	27285	202111				
					027285	2021/1				
					02.200					
		P.O. Box 80								
		Jamestown, KY 42629								
	INS	STRUCTIONS: In line 1, give any business or trade names used to i	identify the busine	ess and operation of the sys	stem unles	s these				
С	nan	nes already appear in space B. In line 2, give the mailing address o	f the system, if dif	ferent from the address giv	en in spac	:e В.				
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	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on pa	ge 1b				
Area	with	n all communities.								
Served	CITY OR TOWN STATE									
First		Russell Springs	KY							
Community	В	elow is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.						
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#				
Sample	Ald		MD	A		1				
	Allia	ance	MD MD	B B		3				
	Ger	my	IVID	D		•				

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

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 027285 **Cumberland Cellular LLC** 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 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. SUB GRP# CITY OR TOWN STATE CH LINE UP Russell Springs KY **First** Adair County KY В Community Columbia В **Cumberland County** C 3 Jamestown KY Α **Russell County** KY See instructions for additional information on alphabetization. Add rows as necessary

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cumberland Cellular LLC

SYSTEM ID# 027285

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:							
 Service to first set 	2,777	\$	27.95	Standard Cable	2,335	\$	89.95
 Service to additional set(s) 				Digital	1,141	\$	17.95
 FM radio (if separate rate) 				HDTV Premuim	28	\$	3.95
Motel, hotel							
Commercial	238	\$	103.41				
Converter							
Residential							
Non-residential							
		T				I	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2							
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE	CATEGORY OF SERVICE	F	RATE	
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	27.95	Motel, hotel			HBO Unlimited	\$	22.95
 Pay cable—add'l channel 			Commercial			Cinemax Package	\$	19.95
Fire protection			• Pay cable			Showtime Unlimited	\$	19.95
•Burglar protection			Pay cable-add'l channel		Starz Super Package	\$	19.95	
Installation: Residential			Fire protection			HBO & Cinemax	\$	32.95
• First set	\$	45.00	Burglar protection			Cinemax & Showtime	\$	29.95
 Additional set(s) 	\$	15.00	Other services:			HBO & Showtime	\$	32.95
• FM radio (if separate rate)			Reconnect	\$	25.00	HBO/Cinemax/Showtime	\$	42.95
Converter			Disconnect			All 4 Super Pack	\$	52.95
			Outlet relocation	\$	25.00			
			Move to new address	\$	20.00			

FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 027285 Cumberland Cellular LLC 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 [section: Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Transmitters: Television basis under specifc FCC rules, regulations, or authorizations Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 multicast 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "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". lanation 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the 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 identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A Russell 1. CALL 2. B'CAST 3 TYPE 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL SIGN OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) WBKO-DT 13 N Bowling Green, KY WBKO-HD 13.1 N-M Bowling Green, KY See instructions for additional information WDKY-DT 31 Danville, KY on alphabetization WDKY-HD 31.1 I-M Danville, KY WDKY-Comet 31.2 I-M Danville, KY WDKY-Charge 31.3 I-M Danville, KY WKSO-DT 53 Bowling Green, KY Ε WKSO-KY 53.1 E-M Bowling Green, KY WKSO-HD 53.2 E-M **Bowling Green, KY** WKSO2 53.3 E-M Bowling Green, KY WKYT-DT 36 N Lexington, KY WKYT-HD 36.1 N-M Lexington, KY WKYT-CW 36.2 I-M Lexington, KY WKYT-CW HD 36.3 I-M Lexington, KY WKYT-Circle 36.5 I-M Lexington, KY WKYU-DT 18 Ε Bowling Green, KY WLEX-DT 39 Ν Lexington, KY WLEX-HD 39.1 N-M Lexington, KY WLEX-2 39.2 I-M Lexington, KY WLEX-2HD 39.3 I-M Lexington, KY Yes O WLKY-DT 26 Ν Louisville, KY WLKY-HD 26.1 N-M Yes Ε Louisville, KY WTVQ-DT 40 Ν Lexington, KY WTVQ-HD 40.1 N-M Lexington, KY WTVQ-My WTVQ-MyHD 40.2 I-M Lexington, KY 40.5 I-M Lexington, KY WTVQ-QuestTV 40.3 I-M Lexington, KY WTVQ-TrueCrime 40.6 I-M Lexington, KY WLJC-DT 65 I-M Beattyville, KY Beattyville, KY WLJC-HD 65.1 Т

G

Primary

Transmitters:

Television

Form SA3E Long Form (Rev. 05-17)

U.S. Copyright Office

FORM SA3F PAGE 3 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 027285 **Cumberland Cellular LLC** PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	B Adair	
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
WAVE-DT	47	N			Louisville, KY
WAVE-HD	47.1	N-M			Louisville, KY
WAVE-Circle	47.2	N-M			Louisville, KY
WAVE-Grit	47.3	N-M			Louisville, KY
WBKO-DT	13	N			Bowling Green, KY
WBKO-HD	13.1	N-M			Bowling Green, KY
WDRB-DT	49	I			Louisville, KY
WDRB-HD	49.1	I-M			Louisville, KY
WDRB-ANT	49.2	I-M			Louisville, KY
WHAS-DT	11	N			Louisville, KY
WHAS-HD	11.1	N-M			Lexington, KY
WKSO-DT	53	E			Bowling Green, KY
WKSO-KY	53.1	Е-М		•	Bowling Green, KY
WKSO-HD	53.2	Е-М		•	Bowling Green, KY
WKSO2	53.3	E-M			Bowling Green, KY
WKYT-DT	36	N			Lexington, KY
WKYT-HD	36.1	N-M			Lexington, KY
WKYU-DT	18	Е			Bowling Green, KY
WLKY-DT	26	N			Louisville, KY
WLKY-HD	26.1	N-M			Louisville, KY
WLKY-32	26.2	I-M			Louisville, KY
WMYO-CW	51				Salem, IN
WMYO-CW HD	51.3	I-M			Salem, IN
WMYO-MyNet	51.4	I-M			Salem, IN

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cumberland Cellular LLC

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#

Name

Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	C Cumberlar	<mark>id</mark>
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
WBKO-DT	13	N			Bowling Green, KY
WBKO-HD	13.1	N-M			Bowling Green, KY
WHAS-DT	11	N	Yes	0	Louisville, KY
WHAS-HD	11.1	N-M	Yes	Е	Lexington, KY
WKSO-DT	53	E			Bowling Green, KY
WKSO-KY	53.1	E-M			Bowling Green, KY
WKSO2	53.3	Е-М			Bowling Green, KY
WKSO-HD	53.2	Е-М			Bowling Green, KY
WKYT-DT	36	N	Yes	0	Lexington, KY
WKYT-HD	36.1	N-M	Yes	E	Lexington, KY
WKYU-DT	18	Е	Yes	0	Bowling Green, KY
WLEX-DT	39	N			Lexington, KY
WLEX-HD	39.1	N-M			Lexington, KY
WLKY-DT	26	N	Yes	0	Louisville, KY
WLKY-HD	26.1	N-M	Yes	E	Louisville, KY
WLKY-32	26.2	I-M	Yes	0	Louisville, KY
WMYO-MyNet	51.1	I-M	Yes	0	Salem, IN
WMYO-CW HD	51.3	I-M	Yes	E	Salem, IN
WMYO-CW	51	I	Yes	0	Salem, IN
WZTV-DT	15	I			Nashvile, TN
WZTV-HD	15.1	I-M			Nashvile, TN
WZTV-3	15.3	I-M			Nashvile, TN
WZTV-4	15.4	I-M			Nashvile, TN

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Cumberland Cellular LLC** 027285 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

TORWOADE, FACE 5.						ACCOONTING	1 LINIOD. 2021/1
LEGAL NAME OF OWNER OF Cumberland Cellular L		TEM:			S	YSTEM ID# 027285	Name
SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the actions to the substitute basis during the actions.	ify every nor	nnetwork televi	sion program broadcast by a ecific present and former FC	a distant stati CC rules, regu	lations, or authorizations.	For a further	I
explanation of the programm form.	ing that mus	st be included in	n this log, see page (v) of th	e general ins	tructions located in the pa	per SA3	Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage: Special
During the accounting pe broadcast by a distant star		ur cable syster	m carry, on a substitute ba	isis, any non		am X No	Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	ram	
2. LOG OF SUBSTITUTI							
In General: List each subsclear. If you need more spa				s wherever p	ossible, if their meaning	is	
Column 1: Give the title	of every no	onnetwork tele	vision program (substitute				
Column 3: Give the call	egulations, o ation. Do no Lucy" or "Ni m was broa sign of the	or authorization ot use general BA Basketball adcast live, entertion broadd	ns. See page (vi) of the ge categories like "movies", 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog	eneral instructor or "basketba "No." ram.	ctions located in the pap II". List specific program	er I	
the case of Mexican or Car Column 5: Give the mo	nadian stati nth and day	ons, if any, the	the community to which the community with which the stem carried the substitute	e station is id	dentified).		
first. Example: for May 7 gi		e substitute or	ogram was carried by you	r cable syste	em. List the times accura	itely	
to the nearest five minutes						itoly	
stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the	e listed progran	n was substituted for prog	ramming tha	ıt your system was requi	red	
to delete under FCC rules	and regulat	ions in effect o	luring the accounting perio	od; enter the	letter "P" if the listed pro	1	
gram was substituted for p effect on October 19, 1976		y iliai youl sys	tern was permitted to dele	te under FC	o rules and regulations i	11	
				\\/\L	EN SUBSTITUTE		
S	UBSTITUT	E PROGRAM	1		IAGE OCCURRED	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	6. TIMES FROM — TO	DELETION	
			·				
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			·				
							

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6.

	LEGAL NAME OF C	OWNER OF CABLE	SYSTEM:						SY	STEM ID#	
Name	Cumberland	Cellular LL	С							027285	
J Part-Time Carriage Log	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	S AND HOURS	OF F	PART-TIME CAR	RIAGE				
		WHEN	N CARRIAGE OCCI	JRRED			WHEN	N CARRIAGE OC	CURE	RED	
	CALL SIGN		HOU	RS		CALL SIGN		НС	DURS		
		DATE	FROM	TO			DATE	FROM		ТО	
			_								
			_						_		
			_						_		
			_								
			_								
			_								
			_						_		
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			_								
					-						

LEG/	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID# 027285	Name
	mberland Cellular LLC		021200	
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 second identified 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)	ndary transmission s	ervice	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.		362,145.35	
IIVIF	OKTANT. For must complete a statement in space P concerning gross receipts.	(Amount of gross	receipts)	
ConConIf youIf youIf you	(RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. It is system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. It is system did carry any distant television stations, you must complete the applicable participancy in this form and attach the schedule to your statement of account.			Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ik 3 below.	entered on line 1 of		
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e elow.	ntered on line 2 in bl	ock	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoublock 4 below.	ıld 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.			
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 8	362,145.35	
	Enter the result here. This is your minimum fee.	\$	9,173.23	
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 colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and control to the property of the property	n 4, you must check d?		
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	\$	3,232.86	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	3,232.86	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	9,173.23	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	9,898.23	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of the		

ACCOUNTING PERIOD: 2021/1

_								FORM SA3E	. PAGE 8.
Name	LEGAL NAME OF OWNER OF CA								TEM ID# 027285
M Channels	CHANNELS Instructions: You must to its subscribers and (2)				=			;	
	Enter the total number system carried television							36	
	Enter the total number on which the cable sys and nonbroadcast serv	stem carried	television broadca					172]
N Individual to	INDIVIDUAL TO BE CO we can contact about thi			ORMATION I	S NEEDED: (Ide	ntify an individual			
Be Contacted for Further Information	Name Daryl Ham	mmond				Т	Telephone 270-3	343-1111	
		t, rural route, ap	partment, or suite num	nber)					
	Jamestow (City, town, state		2629						··
	Email					Fax (optional)			
0	CERTIFICATION (This sta	tatement of a	account must be c	ertifed and sig	ned in accordan	ice with Copyright (Office regulations.)	
Certifcation	• I, the undersigned, hereb	eby certify that	t (Check one, but o	only one , of the	boxes.)				
	(Owner other than co	orporation or	r partnership) I an	m the owner of	the cable system	as identifed in line 1	1 of space B; or		
	(Agent of owner othe in line 1 of space E					gent of the owner of	f the cable system	as identified	
	(Officer or partner) I in line 1 of space E		r (if a corporation)	or a partner (if	a partnership) of	the legal entity ident	tifed as owner of th	ne cable system	
	I have examined the stat are true, complete, and co [18 U.S.C., Section 1001(correct to the b						1	
		X /s/	Daryl Hammon	ıd					
	(e.	e.g., /s/ John S	mith). Before enter	ring the first fon	ward slash of the	ure to certify this state /s/ signature, place you orid enabling Excel's	our cursor in the bo		
	Ту	yped or print	ted name: Dary	yl Hammor	ıd				
	Tit	itle: Secr	retary/Treasu of official position held	I rer d in corporation o	r partnership)				
	Da	oate: Augus	st 10, 2021						

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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Cumberland Cellular LLC	027285	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system service of providing secondary transmissions put service and amounts collected from subscribers receiving secondary transmissions put For more information on when to exclude these amounts, see the note on page (vii) of the gen	e system for the basic stem shall not include sub- ersuant to section 119."	Special Statement Concerning Gross Receipts
paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for smade by satellite carriers to satellite dish owners?	econdary transmissions	Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment an explanation of interest assessment, see page (viii) of the general instructions in the page		Q
Line 1 Enter the amount of late payment or underpayment	V	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdaysx 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	•	
space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late	e.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the please list below the owner, address, first community served, accounting period, and ID number filing.		
Owner	0.00.00.00.00.00.00.00.00.00.00.00.00.0	
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 numerica value given by the Copyright Act to each distant television station carriec by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(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 statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

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

 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

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 of the schedule; or

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

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

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

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

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

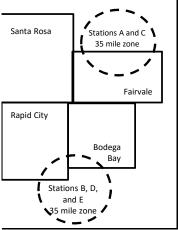
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
3	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)	0.25	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

		φ0,004.00				
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)

1	LEGAL NAME OF OWNER OF CABLE Cumberland Cellular LL				S	YSTEM ID# 027285		
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	١.		aman	4.00			
2 Computation of DSEs for	Instructions: In the column headed "Call S of space G (page 3). In the column headed "DSE" mercial educational station, giv	for each independ te the DSE as ".25."	dent station, give the DSE	≣ as "1.0"; for ea				
Category "O"	Category "O" CATEGORY "O" STATIONS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	WMYO-MyNet	1.000						
	WHAS-DT	0.250						
	WKYT-DT	0.250						
	WLKY-DT	0.250						
	WMYO-CW	1.000						
Add rows as	WKYU-DT	0.250						
necessary. Remember to copy	WLKY-32	1.000						
all formula into new								
rows.								
						0		
			100000000000000000000000000000000000000		100000000000000000000000000000000000000	0		
						0		
						0		
			111111111111111111111111111111111111111		111101111111111111111111111111111111111	0		
			111111111111111111111111111111111111111		111101111111111111111111111111111111111	0		
						011111111111111111111111111111111111111		
						011111111111111111111111111111111111111		
						0		
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						0		
						0		
						0		
ī								

Name		DWNER OF CABLE SYSTEM:						927285 027285
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should correspond with the information given in space J. Calculate only one DSE for each station Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
Capacity		С	ATEGORY	LAC STATIONS:	COMPUTAT	TON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIA VALUE		-	SE
			÷		=	x x	<u>-</u>	
					=	x	=	
			÷		=	x	=	
			÷		= =	x x		
			÷		=	x	=	
			÷		=	x	=	
	Add the DSEs	S OF CATEGORY LAC S of each station. um here and in line 2 of p		schedule,		0.0	00	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effether broadcast of space I). Column 2: at your option. Column 3: Column 4:	re the call sign of each st d by your system in substact on October 19, 1976 one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colur This is the station's DSE	titution for a p (as shown by ork programs e number of li spond with th s in the calen nn 2 by the fi (For more in	program that your syster the letter "P" in column during that optional cauve, nonnetwork prograte information in space adar year: 365, except in column 3, and formation on rounding,	em was permitte n 7 of space I); a rriage (as shown ms carried in su I. in a leap year. give the result in see page (viii) of	d to delete under FCC and by the word "Yes" in col bstitution for programs a column 4. Round to n of the general instruction	rules and regular- umn 2 of that were deleted o less than the thirc	3 form)
	4 0 4 1 1			-BASIS STATION			0.111140550	4 505
	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	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p	IS STATION	S:		0.0		
5		ER OF DSEs: Give the am s applicable to your system		ne boxes in parts 2, 3, ar	nd 4 of this sched	dule and add them to pro	ovide the total	
Total Number	1. Number o	of DSEs from part 2 ●				•	4.00	
of DSEs		of DSEs from part 3 ●				<u> </u>	0.00	
	3. Number o	of DSEs from part 4 ●				-	0.00	
	TOTAL NUMBE	ER OF DSEs					_>	4.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID# 027285	Mama
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.									6
If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS									Computation o
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. X No—Complete blocks B and C below.									3.75 Fee
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: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		e stations ide determine the	entified by the le	parts 2, 3, and 4 o	2, you must o	complete the w	vorksheet on page	T	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WMYO-CW		1.00	WMYO-My		1.00		21.12.12		İ
WHAS-DT	D	0.25							
WKYT-DT	D	0.25							
WKYU-DT	С	0.25							
WLKY-DT	D	0.25							
WLKY-32	M	1.00							
								4.00	
		E	BLOCK C: CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			·		
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B abo	ove			1 7		
				r of DSEs subjec 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represen partially
_ine 5: Multiply li	ine 4 by 0.0375	and enter s	um here				<u> </u>		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 aı	nd enter hei	re and on line	2, block 3, spac	e L (page 7)			0.00	

ACCOUNTING PERIOD: 2021/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cumberland Cellular LLC 027285								
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage Carriage Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of part 6 of 10 Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of 10 Column 2: Indicate the DSE for this station for a single accounting period, occurring between Januar Column 3: Indicate the basis of carriage on which the carriage and DSE occurred (e.g., 19 Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following (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 une 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 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation 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 Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to ve statement of account on fle in the Licensing Division.								30, 1981. tions of the	
		PERMITT	ED DSE FOR STA	TIONS CARRIE	D ON A PART-TIME AN	D SUBSTI	TUTE BASIS		
	1. CALL	2. PRIC		COUNTING	4. BASIS OF		RESENT	6. PERM	
	SIGN	DSE	PI	ERIOD	CARRIAGE		DSE	DS	,E
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.								
Syndicated	BLOCK A: MAJOR TELEVISION MARKET								
Exclusivity Surcharge	Is any portion of the or	able system w	ithin a top 100 maio	r television marke	et as defned by section 76	5.5 of ECC ri	ules in effect Jun	ie 24 1981?	
our on ango	Yes—Complete	-	•	toloviolon mark	No—Proceed to			10 2 1, 100 1 .	
	Too Complete	DIOGRO B GITG				parto			
	BLOCK B: Ca	arriage of VHF	Grade B Contour	Stations	BLOCK	C: Compι	utation of Exemp	ot DSEs	
	Is any station listed in commercial VHF stati or in part, over the cal	on that places			Was any station listed nity served by the cab to former FCC rule 76	le system p	•	•	
	Yes—List each st	tation below wit	h its appropriate perm	nitted DSE	Yes—List each st	ation below v	with its appropriat	e permitted [SE
	X No—Enter zero a	nd proceed to p	part 8.		No—Enter zero a	nd proceed t	o part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIG	N	DSE
			TOTAL DSEs	0.00			TOTAL DSI	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Cumberland Cellular LLC	YSTEM ID# 027285	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	862,145.35	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

N	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	(Cumberland Cellular LLC	027285							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$								
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge	<u></u>							
8 Computation	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.									
of Base Rate Fee	• If you blank	ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow							
Base Rate Fee		. 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 e area," see page (v) of the general instructions.	cal							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$								
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"								
		use the total number of DSEs from part 5.).								
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts (the amount in section 1)								
		B. Enter 0.00701 of gross receipts (the amount in section 1)								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here								
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)								
		Base Rate Fee	0.00							

	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	1 PERIOD: 2021/
	erland Cellular LLC	027285	Name
Cullib	eriania Centulai ELC	027203	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		•
•	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) ▶		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1)		of
	C. Multiply line B by 3.000 and enter here ▶		Base Rate Fe
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	Dase Nate i ee	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro	adcast signals	
shall ins	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip		9
•	Space G.	a fa a ta avaluda	· ·
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat From subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation of
	lusion, you must:		Base Rate Fe
First: D	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista	ant to the same	and
station o	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ	nine the number of	Syndicated Exclusivity
	nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge
•			for Partially
	If any portion of your cable system is located within the top 100 television market and the station is not exemp so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A		Partially Distant
	er, if your cable system is wholly located outside all major television markets, complete block A only.		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	t station you	Stations
Step 2: outside	to that community. For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the station.		
	e token, the station is distant to the subscriber.) Divide your subscribers into subscriber groups according to the complement of stations to which they are dist	tant Each	
subscrib	per group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.	te that a cable	
•	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your per groups.	system's	
In each	section:		
	y the communities/areas represented by each subscriber group.		
	ne call sign for each of the stations in the subscriber group's complement—that is, each station that is distant pers in the group.	to all of the	
• If:	and an and group.		
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav f this schedule; or,	e it in parts 2, 3,	
2) any p	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i 6 of this schedule.	t in block B,	
• Add th	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	eral instructions	
page. I	tute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do not tual calculations on the form.	p (that is, the total	

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

LEGAL NAME OF OWNE Cumberland Cellu		E SYSTEM:				S	YSTEM ID# 027285	Name
В		COMPUTATION OF		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		own, Russell Sp		COMMUNITY/ AREA	COMMUNITY/ AREA Columbia, Adair County			9 Computatio
CALL SIGN DSE CALL SIGN DSE			CALL SIGN DSE CALL SIGN DSE				of	
WKYU-DT	0.25							Base Rate Fo
WLKY-DT	0.25							and Syndicated
								Exclusivity Surcharge for
								Partially Distant
								Stations
Total DSEs			0.50	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 535	5,236.92	Gross Receipts Sec	ond Group	\$ 3	314,739.18	
Base Rate Fee First G	roup	\$ 2	2,847.46	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Cumbe	rland County		COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet	1.00							
WHAS-DT	0.25	-						
WKYT-DT	0.25	-						
WLKY-DT	0.25	-						
WKYU-DT	0.25							
WMYO-CW	1.00							
WLKY-32	1.00							
		-						
						H		
	<u> </u>							
Total DSEs			4.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$</u> 12	2,169.25	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 385.40			385.40	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$	3,232.86	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Cumberland Cellular LLC 027285								Name
В		COMPUTATION OI SUBSCRIBER GRO		ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	James	town, Russell Sp	rings	COMMUNITY/ AREA Columbia, Adair County				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
						_		Surcharge for
								Partially
								Distant
						_		Stations
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	s 535	,236.92	Gross Receipts Secon	d Group	\$ 3	314,739.18	
•	•		<u>, </u>		·			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
		SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	_	
COMMUNITY/ AREA	Cumbe	erland County		COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
						_		
	<u> </u>							
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$ 12	,169.25	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base r a	te fees for each subs	criber aroun	as shown in the boxes	above	Г		
Enter here and in block			2. 310up			\$	0.00	

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
Name	Cumberland Cellular LLC	027285					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:						
Computation of Base Rate Fee	☐ First 50 major television market INSTRUCTIONS:	☐ Second 50 major television market					
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 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 contour stations listed in block this schedule.							
for Partially Distant Stations	of DSEs used to compute the surcharge. formula outlined in block D, section 3 or 4 of part 7 of this sures applicable to the particular group. You do not need to show						
	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	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					
	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 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 a in the boxes above. Enter here and in block 4, line 2 of space L (page						