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				
8-13-21	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2021/1										
B	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  NEW KNOXVILLE TELEPHONE										
	NEW KNOXVIELE TELETHONE			4075020211 40750 2021/1							
	301 WEST SOUTH ST. NEW KNOXVILLE, OH 45871										
С	INSTRUCTIONS: In line 1, give any business or trade names used to id names already appear in space B. In line 2, give the mailing address of										
System	1 IDENTIFICATION OF CABLE SYSTEM:		, , , , , , , , , , , , , , , , , , ,								
	MAILING ADDRESS OF CABLE SYSTEM:										
	(Number, street, rural route, apartment, or suite number)										
	(City, town, state, zip code)										
<b>D</b> Area	<b>Instructions:</b> For complete space D instructions, see page 1b. Identify with all communities.	only the frst comm	nunity served below and reli	st on page 1b							
Served	CITY OR TOWN	STATE		_							
First Community	New Knoxville	ОН									
Community	Below is a sample for reporting communities if you report multiple cha			OUR ORR#							
	CITY OR TOWN (SAMPLE)  Alda	STATE MD	CH LINE UP  A	SUB GRP#							
Sample	Alliance	MD	В	2							
	Gering	MD	В	3							

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

**ACCOUNTING PERIOD: 2021/1** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 40750 NEW KNOXVILLE TELEPHONE Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN CH LINE UP SUB GRP# STATE **New Knoxville** ОН В 3 **First Botkins** OH Α 1 Community OH Α 1 Anna **Jackson Center** OH Α 1 **Fort Loramie** OH Α 2 2 Sidney OH Α See instructions for 2 Russia OH Α additional information on alphabetization. OH 1 **Uninc. Mercer County** Α **New Bremen** OH В 3 ОН В **Minster** 3 Add rows as necessary.

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1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#### NEW KNOXVILLE TELEPHONE

SYSTEM ID# 40750

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
<ul> <li>Service to first set</li> </ul>	3,501	\$ 42.95				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
	•	l				

# 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	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable		Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		• Pay cable		
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set		Burglar protection		
<ul> <li>Additional set(s)</li> </ul>		Other services:		
• FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 40750 **NEW KNOXVILLE TELEPHONE** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER STATION (If Distant) WDTN 50 Ν NO DAYTON, OH WHIO NO 41 N DAYTON, OH See instructions for WHIO-DT2 41.2 I-M NO DAYTON, OH additional information n alphabetization. 18 N NO DAYTON, OH WKEF WKEF-DT2 18.2 N-M NO DAYTON, OH WKEF-DT3 18.3 I-M NO DAYTON, OH WRGT 36 I NO DAYTON, OH DAYTON, OH **WRGT-DT2** 36.2 I-M NO WRGT-DT3 36.3 I-M NO DAYTON, OH **WPTD** 16 Ε NO DAYTON, OH **WBGU** 27 Ε YES 0 **BOWLING GREEN, OH** WBGU-DT2 YES 0 27.2 E-M **BOWLING GREEN, OH** WBGU-DT3 27.3 E-M YES 0 **BOWLING GREEN, OH** WTLW 44 ı NO LIMA, OH **WLIO** NO 8 LIMA, OH Ν WLIO-DT2 N-M NO LIMA, OH 8.2 WPNM-LD 27 N NO LIMA, OH WAMS-LD 38 Ν NO MINSTER/NEW BREMAN, OH

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama				
NEW KNOXVIL	LE TELEPH	ONE			40750	Name				
PRIMARY TRANSMITTE	RS: TELEVISIO	N								
carried by your cable s	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.										
<ul> <li>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.</li> </ul>										
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										
			•		on for broadcasting over-the-air in may be different from the channel					
	in each case v	vhether the st			pendent station, or a noncommercial ast), "I" (for independent), "I-M"					
For the meaning of the Column 4: If the sta	ese terms, see pation is outside	page (v) of the the local serv	e general instruc rice area, (i.e. "d	ctions located in th listant"), enter "Ye	s". If not, enter "No". For an ex-					
planation of local servi					e paper SA3 form. stating the basis on which your					
carried the distant stat For the retransmiss	ion on a part-tir ion of a distant	ne basis beca multicast stre	use of lack of a	ctivated channel of ubject to a royalty	ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing					
the cable system and a tion "E" (exempt). For s	a primary transi simulcasts, also	mitter or an as o enter "E". If y	ssociation repres	senting the primar channel on any ot	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.					
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, I e the name of th	list the community e community with	to which the station is licensed by the which the station is identifed.					
Note: If you are utilized	- Inditiple onal	• •	EL LINE-UP	•	onamier inte up.					
4 0011	a D'CACT				C LOCATION OF STATION					
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION					
	NUMBER	STATION	(**************************************	(If Distant)						
WBDT	26	ı	NO		SPRINGFIELD, OH					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEW KNOXVILLE TELEPHONE

SYSTEM ID#
Name

#### 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 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 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 identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL NUMBER 50 41 41.2 18 18.2 18.3 16	CHANN 3. TYPE OF STATION N I-M N N-M I-M E	A. DISTANT? (Yes or No)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AB 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION  DAYTON, OH  DAYTON, OH  DAYTON, OH  DAYTON, OH  DAYTON, OH  DAYTON, OH
CHANNEL NUMBER 50 41 41.2 18 18.2 18.3 16	OF STATION N N I-M N N-M	(Yes or No)  NO  NO  NO  NO  NO  NO  NO  NO  NO	CARRIAGE	DAYTON, OH DAYTON, OH DAYTON, OH DAYTON, OH DAYTON, OH DAYTON, OH
41 41.2 18 18.2 18.3 16	N I-M N N-M I-M	NO NO NO NO		DAYTON, OH DAYTON, OH DAYTON, OH DAYTON, OH DAYTON, OH
41.2 18 18.2 18.3 16	I-M N N-M I-M	NO NO NO		DAYTON, OH DAYTON, OH DAYTON, OH DAYTON, OH
18 18.2 18.3 16	N N-M I-M	NO NO NO		DAYTON, OH DAYTON, OH DAYTON, OH
18.2 18.3 16	N-M I-M	NO NO		DAYTON, OH DAYTON, OH
18.3 16	I-M	NO		DAYTON, OH
16				<u> </u>
	E	NO		DAVTON OU
			<b></b>	DAYTON, OH
27	E	NO		BOWLING GREEN, OH
27.2	E-M	NO		BOWLING GREEN, OH
27.3	E-M	NO		BOWLING GREEN, OH
44	I	NO		LIMA, OH
8	N	NO		LIMA, OH
8.2	N-M	NO		LIMA, OH
27	N	NO		LIMA, OH
38	N	NO		MINSTER/NEW BREMAN, OH
26	I	NO		SPRINGFIELD, OH
	44 8 8.2 27 38	44 I 8 N 8.2 N-M 27 N 38 N	44 I NO 8 N NO 8.2 N-M NO 27 N NO 38 N NO	44 I NO 8 N NO 8.2 N-M NO 27 N NO 38 N NO

G

Primary Transmitters: Television

TORWOADE.TAGE 0.					CVCTEM ID	4	
NEW KNOXVIL					SYSTEM ID# 40750	Namo	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
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 FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi- Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	CC rules, regular here in space only on a substand also in spatformation concern. h station's call associated with associated with a comment of the concern carried the in each case where the concern care, see pation of a distant entered into or a primary transmissimulcasts, also aree categories, a location of each	tions, or auth G—but do list itute basis. ce I, if the sta erning substit sign. Do not r n a station accepte a station accepte a station. Whether the station. Whether the station accepte (v) of the station accepted accepted in column the station accepted in the station accepted in the station accepted in the station. For a station is seen page (v) ch station.	orizations:  It it in space I (the tition was carried ute basis station eport origination cording to its ove be reported in c as assigned to t annel 4 in Wash ation is a networ etwork), "N-M" (f educational), or e general instruct vice area, (i.e. "d general instruct 4, you must com accounting perior assem that is not s as an etwor to lack of a sem that is not s as an etwor to lack of a	e Special Statemer  I both on a substitute, see page (v) of a program services er-the-air designat column 1 (list each the television static ington, D.C. This is rk station, an inde- for network multical r "E-M" (for noncolutions located in the inplete column 5, s ad. Indicate by ente ctivated channel of ubject to a royalty tween a cable sys senting the primar channel on any oth instructions located ist the community	ent and Program Log)—if the  ute basis and also on some other if the general instructions located  is such as HBO, ESPN, etc. Identify ion. For example, report multi- instream separately; for example  on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ist), "I" (for independent), "I-M" mmercial educational multicast). ie paper SA3 form. is". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	Television	
Note: If you are utilizin				•			
		CHANN	EL LINE-UP	AD			
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		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
NEW KNOXVIL	LE TELEPHO	ONE			40750	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA	ystem during the ons in effect on .61(e)(2) and (4 sis, as explained tations: With record rules, regulation and also in spatformation concerm.  h station's call associated with	ne accounting I June 24, 198 I), or 76.63 (re d in the next pespect to any tions, or autho G—but do list itute basis. ce I, if the sta erning substitute sign. Do not re n a station accounts	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its over	1) stations carried a carriage of certa (e)(2) and (4))]; are carried by your case Special Stateme both on a substitus, see page (v) of program services er-the-air designati	and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the ate basis and also on some other the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example	G Primary Transmitters: Television
its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local servic Column 5: If you had cable system carried the carried the distant statis For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Column of the sable system and attion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column of the sable system and attion "E" (exempt).	te. For example stem carried the in each case we entering the lessast), "E" (for no se terms, see pation is outside ce area, see pation edistant station on a part-tinion of a distant entered into or a primary transmissimulcasts, also cree categories, a location of each canadian station	when we want of the station of the station. For the station of the	annel 4 in Washi ation is a networe twork), "N-M" (fireducational), or e general instruc- ice area, (i.e. "d general instruction 4, you must con- accounting perion accounting	ington, D.C. This restriction, an independent of the multications	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is identifed.	
Note: If you are utilizin	g multiple chan	nel line-ups, ເ	use a separate s	space G for each o	channel line-up.	  -
	T	CHANN	EL LINE-UP	AE		  -
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	

FORM SA3E. PAGE 3.						T	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
NEW KNOXVIL	LE TELEPH	ONE			40750	1120	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
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), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  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), "" (for							
Column 6: Give the	e location of eac Canadian station	ch station. For ns, if any, give nel line-ups, i	r U.S. stations, le the name of th	ist the community e community with space G for each o	to which the station is licensed by the which the station is identifed.		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

FURINI SAJE. PAGE 3.					CVCTEM ID#	
NEW KNOXVIL					SYSTEM ID# 40750	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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 76.51(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  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 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 "In" (for network), "I-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicas						
FCC. For Mexican or C Note: If you are utilizin				•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AG		•
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	

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTE	N ID#	
NEW KNOXVIL	LE TELEPH	ONE			4(	0750 Name	е
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S	Primary Transmitters Television	ary tters:					
basis under specifc FC	CC rules, regula here in space	ations, or auth G—but do list	orizations:		ent and Program Log)—if the	Television	1011
List the station here, basis. For further in in the paper SA3 fo Column 1: List eac	and also in spa formation cond rm. h station's call	ace I, if the sta erning substit sign. Do not r	ute basis statior eport origination	ns, see page (v) of n program services	ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify ion. For example, report multi-		
cast stream as "WETA WETA-simulcast). Column 2: Give the							
its community of licens on which your cable sy	se. For example stem carried th	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	may be different from the channel pendent station, or a noncommercial		
(for independent multion For the meaning of the Column 4: If the standard planation of local servi	cast), "E" (for notes terms, see pation is outside ce area, see pation	oncommercial page (v) of the the local serv age (v) of the	educational), or e general instruc rice area, (i.e. "d general instructi	r "E-M" (for nonco ctions located in th listant"), enter "Ye ons located in the	s". If not, enter "No". For an ex-		
cable system carried the carried the distant stating For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	ne distant station on a part-tir ion of a distant entered into or a primary transisimulcasts, also aree categories e location of ea	on during the a me basis beca multicast stre n or before Ju mitter or an as o enter "E". If y , see page (v) ch station. Fo	accounting perion accounting perion accounting perion account a series and that is not some 30, 2009, being account account a series account a	d. Indicate by enti- ctivated channel of ubject to a royalty tween a cable sys- senting the primar channel on any oth instructions locater ist the community	ering "LAC" if your cable system		
Note: If you are utilizin							
		CHANN	EL LINE-UP	AH			
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		
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[	T	T	l	1	T		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
NEW KNOXVIL					40750		
PRIMARY TRANSMITTE							
· ·			, -		and low power television stations) I only on a part-time basis under	G	
FCC rules and regulati	ons in effect or	June 24, 198	31, permitting th	e carriage of certa	in network programs [sections		
76.59(d)(2) and (4), 76 substitute program bas		, .	-	(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary Transmitters:	
		•	• .	carried by your ca	able system on a substitute program	Television	
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
station was carried only on a substitute basis.							
basis. For further in	formation conc				ute basis and also on some other the general instructions located		
in the paper SA3 for Column 1: List eac		sign. Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify		
					ion. For example, report multi-		
weta-simulcast).	2″. Simulcast s	streams must	be reported in o	column 1 (list each	ı stream separately; for example		
Column 2: Give the			-		on for broadcasting over-the-air in		
on which your cable sy	stem carried th	e station.		<b>3</b>	may be different from the channel pendent station, or a noncommercial		
					ast), "I" (for independent), "I-M"		
` '	,, ,		,,	`	mmercial educational multicast).		
For the meaning of the Column 4: If the sta		• ,	•		e paper 5A3 iorm. s". If not, enter "No". For an ex-		
planation of local servi							
1			•	· ·	tating the basis on which your ering "LAC" if your cable system		
carried the distant stati	on on a part-tin	ne basis beca	use of lack of a	ctivated channel c	apacity.		
					payment because it is the subject tem or an association representing		
the cable system and a	a primary transr	nitter or an as	sociation repres	senting the primar	y transmitter, enter the designa-		
				•	ner basis, enter "O." For a further d in the paper SA3 form.		
					to which the station is licensed by the		
FCC. For Mexican or C Note: If you are utilizin					which the station is identifed.		
Note: If you are amizin	g manple ona		EL LINE-UP	•	Sidimer inter up.		
						1	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
SIGN	NUMBER	STATION	(Yes or No)	(If Distant)			
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LEGAL NAME OF O	VNER OF CABLE SY	STEM:			SYSTEM ID#	
NEW KNOXV	LLE TELEPH	ONE			40750	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
carried by your cable FCC rules and regul	e system during that stions in effect or 76.61(e)(2) and (	ne accounting n June 24, 198 4), or 76.63 (r	period, except (81, permitting the eferring to 76.61	(1) stations carried e carriage of certa	and low power television stations) d only on a part-time basis under nin network programs [sections nd (2) certain stations carried on a	<b>G</b> Primary  Transmitters:
Substitute Basis basis under specifc • Do not list the stati station was carrie • List the station here basis. For further in the paper SA3 Column 1: List e each multicast strea cast stream as "WE WETA-simulcast). Column 2: Give its community of lice on which your cable Column 3: Indica educational station, (for independent mu For the meaning of t Column 4: If the planation of local se Column 5: If you cable system carried carried the distant st	s Stations: With a FCC rules, regular on here in space and only on a subset, and also in spatial information concomments of the channel numbers. For example, system carried that in each case who entered "Ye have entered "Ye it the distant station on a part-time.	respect to any ations, or auth G—but do list titute basis. Indeed, if the state erning substitute sign. Do not represent the first part of the station acceptance of the station. The station whether the station and the local servers in column on during the station and using the station.	r distant stations orizations: tit in space I (the attion was carried tute basis station report origination cording to its over be reported in cas assigned to tannel 4 in Wash attion is a network, "N-M" (fereducational), or expensed instructivice area, (i.e. "digeneral instruction accounting period ause of lack of a	e Special Statemer les pecial Statemer les page (v) or a program services er-the-air designate column 1 (list each the television statington, D.C. This rk station, an indefor network multicar "E-M" (for noncostions located in the instant"), enter "Ye ons located in the plete column 5, so d. Indicate by entotivated channel of	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	Television
of a written agreeme the cable system an tion "E" (exempt). For explanation of these Column 6: Give	ent entered into or d a primary transfor or simulcasts, also three categories the location of ea or Canadian statio	n or before Ju mitter or an as o enter "E". If y , see page (v) ch station. Fo ns, if any, give	ne 30, 2009, be ssociation repres you carried the o of the general in r U.S. stations, I e the name of th	tween a cable sys senting the primar channel on any oth nstructions locate ist the community e community with	tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AJ	·	
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	

LEGAL NAME OF OWN	IER OF CARLE SV	'STEM:			SYSTEM ID:	#
NEW KNOXVIL					4075	Namo
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati	system during the constant of	ne accounting n June 24, 19 4), or 76.63 (r	period, except 81, permitting th referring to 76.61	(1) stations carried e carriage of certa	and low power television stations) d only on a part-time basis under hin network programs [sections hd (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S	Stations: With	espect to any	distant stations	carried by your ca	able system on a substitute program	Television
<ul> <li>basis under specifc FC</li> <li>Do not list the station station was carried</li> </ul>	here in space	G—but do lis		e Special Stateme	ent and Program Log)—if the	
	formation cond				ute basis and also on some other f the general instructions located	
		-			s such as HBO, ESPN, etc. Identify ion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	\-2". Simulcast	streams must	t be reported in o	column 1 (list each	stream separately, for example	
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy	stem carried th	e station.			pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
For the meaning of the	ese terms, see	page (v) of the	e general instruc	ctions located in th	• •	
planation of local servi	ce area, see pa	age (v) of the	general instructi	ions located in the		
,				•	tating the basis on which your ering "LAC" if your cable system	
carried the distant stat	ion on a part-tir	ne basis beca	ause of lack of a	ctivated channel o	capacity.	
					payment because it is the subject tem or an association representing	
the cable system and a	a primary trans	mitter or an a	ssociation repre	senting the primar	y transmitter, enter the designa-	
· · ·			•	•	ner basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the	
<b>Note:</b> If you are utilizing				•	which the station is identifed. channel line-up.	
		CHANN	IEL LINE-UP	AK		1
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		_
		Ī				I

LEGAL NAME OF OV		STEM:			SYSTEMI	
NEW KNOXVI	ILLE TELEPH	ONE			407	750 Name
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), substitute program b Substitute Basis basis under specifc I Do not list the station tist the station here station was carried List the station here basis. For further in the paper SA3 Column 1: List er each multicast stream cast stream as "WET WETA-simulcast). Column 2: Give to its community of lice on which your cable Column 3: Indicated educational station, I (for independent mul For the meaning of the Column 4: If the planation of local ser Column 5: If you cable system carried carried the distant st For the retransmin of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these	e G, identify every a system during the ations in effect or 76.61(e)(2) and (or 76.61(	r television stare accounting in June 24, 1984), or 76.63 (rd in the next prespect to any attions, or auth G—but do list titute basis. In the stare of the station accounting substitutes as a station account of the station. The station account of the station. The stare of the station. The stare of the station account of the station. The station account of the station. The station of the station of the station of the station. The station of the station of the station of the station of the station. The station of	period, except period, except period, except period, except period, except period peri	(1) stations carried to carriage of certa (e)(2) and (4))]; at a carried by your carried by the seep age (v) of a program services the television station, an indefer network multicar "E-M" (for noncostions located in the inplete column 5, so d. Indicate by entictivated channel carried by the senting the primar channel on any ottenstructions located in the inplete column 5, so d. Indicate by entictivated channel carried by the senting the primar channel on any ottenstructions located in structions located in the inplete column 5, so d. Indicate by entictivated channel carried by the senting the primar channel on any ottenstructions located in structions l	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utiliz				•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AL		
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	

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

FURINI SAJE, PAGE 3.					OVOTEM ID.	.l
NEW KNOXVIL					SYSTEM ID# 40750	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space C carried by your cable's FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate	G, identify every system during the ons in effect or .61(e)(2) and (4) sis, as explaine stations: With record or a substantial of the conference only on a substantial of the conference on the conference of the conference of the conference on the	r television starte accounting in June 24, 194, or 76.63 (nd in the next prespect to any attions, or auth G—but do list titute basis. In the starter and substitute sign. Do not rear a station accept reams must be the FCC hear, WRC is Charten substitute the station.	period, except of an except of all, permitting the eferring to 76.61 paragraph. It distant stations orizations: It it in space I (the except of a station was carried ute basis station eport origination coording to its own be reported in coas assigned to the annel 4 in Wash atton is a netwo	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (figure 2); and (figure 3); and (figure 4); and (fig	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the attention basis and also on some other attention from the general instructions located as such as HBO, ESPN, etc. Identify a stream separately; for example and for broadcasting over-the-air in any be different from the channel appendent station, or a noncommercial ast), "I" (for independent), "I-M"	G Primary Transmitters: Television
For the meaning of the Column 4: If the staplanation of local servi Column 5: If you had cable system carried the distant state. For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	ese terms, see pation is outside ce area, see pation is outside ce area, see pation entered "Year e distant static ion on a part-tirion of a distant entered into or a primary transisimulcasts, also iree categories e location of ea Canadian statio	page (v) of the the local servinge (v) of the es" in column on during the ameliast street or before Jumitter or an aspect of enter "E". If it is see page (v) ch station. Fo	e general instructivice area, (i.e. "d general instructive, you must confide accounting period asse of lack of a seam that is not some 30, 2009, be association repressou carried the confide accounting the general in	ctions located in the listant"), enter "Ye cons located in the nplete column 5, so d. Indicate by entictivated channel cubject to a royalty tween a cable system on any other tructions located ist the community with	s". If not, enter "No". For an expaper SA3 form.  Itating the basis on which your ering "LAC" if your cable system capacity.  payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form.  It o which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AM		
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	

FORM SA3E. PAGE 3.						il
NEW KNOXVIL					SYSTEM ID# 40750	Name
PRIMARY TRANSMITTE						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect on .61(e)(2) and (4 sis, as explained	ne accounting June 24, 198 I), or 76.63 (red in the next p	period, except ( 31, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa (e)(2) and (4))]; and	and low power television stations) d only on a part-time basis under in network programs [sections nd (2) certain stations carried on a able system on a substitute program	G Primary Transmitters:
basis under specifc FC  Do not list the station station was carried List the station here, basis. For further in	CC rules, regula here in space only on a subst and also in spa formation conc	tions, or autho G—but do list itute basis. ce I, if the sta	orizations: it in space I (the tion was carried	e Special Stateme	ent and Program Log)—if the ute basis and also on some other if the general instructions located	Television
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on which your cable sy Column 3: Indicate	stem carried the in each case w	e station. hether the st	ation is a networ	rk station, an inde	may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
(for independent multic For the meaning of the	cast), "E" (for no se terms, see p ation is outside	oncommercial page (v) of the the local serv	educational), or e general instruc rice area, (i.e. "d	r "E-M" (for nonco tions located in th istant"), enter "Ye	mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-	
cable system carried the carried the distant stati	ne distant statio ion on a part-tin	n during the a	accounting perionuse of lack of a	d. Indicate by ente	tating the basis on which your ering "LAC" if your cable system eapacity. payment because it is the subject	
the cable system and a tion "E" (exempt). For s explanation of these th	a primary transr simulcasts, also ree categories,	nitter or an as enter "E". If y see page (v)	ssociation repres you carried the c of the general in	senting the primar channel on any oth nstructions located	tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or C Note: If you are utilizin				-	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AN		†
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	

LEGAL NAME OF O	WNER OF CABLE SY	STEM:			SYSTEM	
NEW KNOXV	ILLE TELEPH	ONE			407	'50 Name
PRIMARY TRANSMIT	TTERS: TELEVISIO	N				
carried by your cabl FCC rules and regu 76.59(d)(2) and (4), substitute program Substitute Basi basis under specifc • Do not list the stati • List the station was carri • List the station her basis. For furthe in the paper SA3 Column 1: List e each multicast streacast stream as "WE WETA-simulcast). Column 2: Give its community of lice on which your cable Column 3: Indic educational station, (for independent m For the meaning of Column 4: If the planation of local se Column 5: If you cable system carrie carried the distant s For the retransm of a written agreeme the cable system ar tion "E" (exempt). Fi explanation of these	te G, identify every le system during the system during the lations in effect or 76.61(e)(2) and (basis, as explaines <b>S tations:</b> With a FCC rules, regulation here in space led only on a substree, and also in spar information concerns form.  Beach station's call am associated with ETA-2". Simulcast the channel numbers. For examples a system carried the ate in each case who is to be environmentally in the experience of the distant station is outside environed a part-timitistic of a distant lent entered into ond a primary transfor simulcasts, as three categories	r television started accounting in June 24, 194, or 76.63 (in d in the next prespect to any ations, or auth G—but do list titute basis. In the started accounting substitute basis must be the FCC has station. In the station whether the state "N" (for near the station. In the local server age (v) of the ser in column on during the age in or before Jumitter or an associated accounting the station or before Jumitter or an associated accounting the station or server in column accounting the station or server in column accounting the station or server in column accounting the station or server in the station accounting the station or server in the station accounting the station or server in column accounting the station or server in the station accounting the	period, except period, except period, except period, except period, except period peri	(1) stations carried to carriage of certa (e)(2) and (4))]; at a carried by your carried by the seep age (v) of a program services the television station, an indefer network multicar "E-M" (for noncostions located in the inplete column 5, so d. Indicate by entictivated channel carried by the senting the primar channel on any ottenstructions located in the inplete column 5, so d. Indicate by entictivated channel carried by the senting the primar channel on any ottenstructions located in structions located in the inplete column 5, so d. Indicate by entictivated channel carried by the senting the primar channel on any ottenstructions located in structions l	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utili				•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AO		
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	

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FURINI SASE, PAGE 3.					0)/0==11	<b>-</b>
NEW KNOXVIL					SYSTEM II 407	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • 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						
Column 5: If you had cable system carried the distant state. For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	ave entered "Yene distant static ion on a part-tir ion of a distant entered into or a primary transi simulcasts, also tree categories e location of ea Canadian statio	es" in column on during the ame basis becamulticast street or before Jumitter or an associated enter "E". If y, see page (v) ch station. Fo	4, you must con accounting period use of lack of a sam that is not some 30, 2009, be association represous carried the confidence of the general in the confidence of the name of the lamb of the name of the same same of the same same same same same same same sam	nplete column 5, sod. Indicate by enti- ctivated channel coubject to a royalty tween a cable sys- senting the primar channel on any off instructions located list the community with	tating the basis on which your ering "LAC" if your cable system sapacity.  payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form.  to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AP		
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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
NEW KNOXVIL	LE TELEPH	ONE			40750	) Italiio
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space (carried by your cable self-CC rules and regulated 76.59(d)(2) and (4), 76 substitute program best Substitute Basis Self-Self-Self-Self-Self-Self-Self-Self-	G, identify every system during the ions in effect or 6.61(e)(2) and (4 sist, as explained by the constant of	r television stane accounting a June 24, 198 d), or 76.63 (rd d in the next perspect to any tions, or authors are little basis. ce I, if the state erning substitute basis. Sign. Do not real a station according to the FCC hear the FCC hear was to the standard and the standard are the FCC hear was to streams must beer the FCC hear was constructed.	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: at it in space I (the tion was carried ute basis station eport origination cording to its over be reported in cas assigned to t	(1) stations carried e carriage of certa (e)(2) and (4))]; at carried by your case Special Statement both on a substitutions, see page (v) of a program services er-the-air designate column 1 (list each the television stations are carried to the stations of the stations	and low power television stations) If only on a part-time basis under in network programs [sections and (2) certain stations carried on a suble system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multiper the meaning of the Column 4: If the st planation of local servicable system carried the distant state For the retransmiss of a written agreement the cable system and stion "E" (exempt). For explanation of these the Column 6: Give the	rentering the le cast), "E" (for no case terms, see pation is outside ice area, see paave entered "Ye he distant static icion on a part-tirision of a distant a tentered into or a primary transr simulcasts, also aree categories, e location of eac Canadian station	tter "N" (for ne concommercial page (v) of the the local servage (v) of the ges" in column and during the ame basis between or before Jumitter or an aspect of the column term of the co	etwork), "N-M" (f educational), or e general instruc- rice area, (i.e. "d general instructi 4, you must com accounting perica use of lack of a earn that is not s ene 30, 2009, be ssociation repress you carried the co of the general in r U.S. stations, I e the name of th	or network multicar "E-M" (for noncontions located in the listant"), enter "Yerons located in the nolete column 5, sod. Indicate by entectivated channel or ubject to a royalty tween a cable systematical thannel on any other tructions located ist the community with	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
,	-		EL LINE-UP	•	·	1
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	

FORM SA3E. PAGE 3.							NG PERIOD: 2021/.
LEGAL NAME OF OWN					SYS	STEM ID# 40750	Name
PRIMARY TRANSMITTE						40750	
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76	G, identify every system during the ions in effect or 5.61(e)(2) and (4	television stane accounting 1 June 24, 198 1), or 76.63 (re	period, except ( 31, permitting the eferring to 76.61	(1) stations carried e carriage of certa	and low power television stations I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a		G Primary Transmitters:
substitute program bas Substitute Basis S basis under specifc FC	Stations: With r	espect to any	distant stations	carried by your ca	able system on a substitute progra	am	Television
Do not list the station station was carried     List the station here,	here in space only on a substand also in spa	G—but do list titute basis. ice I, if the sta	it in space I (the	both on a substitu	nt and Program Log)—if the		
in the paper SA3 fo <b>Column 1:</b> List eac each multicast stream	rm. h station's call associated with	sign. Do not r n a station acc	eport origination	n program services er-the-air designat	the general instructions located s such as HBO, ESPN, etc. Identificion. For example, report multi-	fy	
WETA-simulcast).			·	`	stream separately; for example on for broadcasting over-the-air in	1	
on which your cable sy Column 3: Indicate educational station, by (for independent multion)	ystem carried the in each case we entering the lecast), "E" (for no	e station. whether the state tter "N" (for ne oncommercial	ation is a netwo etwork), "N-M" (f educational), o	rk station, an inde or network multica r "E-M" (for nonco	may be different from the channel pendent station, or a noncommercist), "I" (for independent), "I-M" mmercial educational multicast).		
planation of local servi Column 5: If you ha	ation is outside ce area, see pa ave entered "Ye	the local servage (v) of the es" in column	rice area, (i.e. "d general instructi 4, you must con	listant"), enter "Ye ons located in the nplete column 5, s	s". If not, enter "No". For an ex-		
of a written agreement the cable system and a	ion of a distant entered into or a primary transi	multicast stre n or before Ju mitter or an as	eam that is not s ne 30, 2009, bet ssociation repres	ubject to a royalty tween a cable sys senting the primar	apacity. payment because it is the subjec tem or an association representin y transmitter, enter the designa- ner basis, enter "O." For a further		
explanation of these the	ree categories, e location of ea Canadian statio	see page (v) ch station. Fo ns, if any, give	of the general in r U.S. stations, I e the name of th	nstructions located list the community e community with	d in the paper SA3 form. to which the station is licensed by which the station is identifed.	y the	
		CHANN	EL LINE-UP	AR			
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		

LEGAL NAME OF OW	NER OF CARLE SV	STEM:			SYSTEM ID:	ŧ
NEW KNOXVIL					40750	Namo
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
carried by your cable FCC rules and regular 76.59(d)(2) and (4), 70 substitute program ba	system during the tions in effect or 5.61(e)(2) and (4 sis, as explaine stations: With r	ne accounting n June 24, 198 1), or 76.63 (re d in the next p espect to any	period, except ( B1, permitting the eferring to 76.61 paragraph. distant stations	(1) stations carried e carriage of certa (e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
Do not list the station station was carried table. List the station here, basis. For further in the paper SA3 for Column 1: List eareach multicast stream as "WETA west as tstream as "WETA west as the simulcast). Column 2: Give the its community of licen on which your cable solumn 3: Indicated ucational station, by (for independent multifor the meaning of the Column 4: If the splanation of local serv Column 5: If you he cable system carried the distant state for the retransmiss of a written agreementhe cable system and tion "E" (exempt). For explanation of these to Column 6: Give the FCC. For Mexican or	n here in space only on a subst and also in spa nformation conc orm. ch station's call associated with A-2". Simulcast e channel numb se. For example ystem carried the in each case v y entering the le cast), "E" (for no ese terms, see p tation is outside ice area, see pa tave entered "tatio tion on a part-tir sion of a distant t entered into or a primary transr simulcasts, also hree categories, e location of eac Canadian statio	G—but do list itute basis. ce I, if the sta erning substit sign. Do not read a station acceptate and the station acceptate and the station. The station acceptate and the station. The station acceptate and the station acceptate and the station. The station acceptate and the station acceptate acceptate and the station acceptate accept	titin space I (the tition was carried ute basis station between the port origination cording to its own be reported in coas assigned to the tannel 4 in Wash ation is a network, "N-M" (for educational), or expensed instruction of the general instruction accounting period area that is not some sociation repressively our carried the coast of the general in true. It is not some sociation repressively our carried the coast of the general in true. It is not some sociation repressively our carried the coast of the general in true. It is not some sociation repressively our carried the coast of the general in true. It is not some sociation repressively our carried the coast of the general in true. It is not some sociation repressively our carried the coast of the general in true.	I both on a substitus, see page (v) on program services er-the-air designation of the television statistington, D.C. This rk station, an indefer network multicar "E-M" (for noncostions located in the instant"), enter "Ye ons located in the inplete column 5, sold. Indicate by entictivated channel of the column seem of the primar channel on any other the community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ng muitipie chan	• •	use a separate s		cnannei iine-up.	
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	

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name a
NEW KNOXVIL	LE TELEPH	ONE			40750	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati	ystem during the	ne accounting I June 24, 198	period, except ( 31, permitting th	(1) stations carried e carriage of certa	and low power television stations) I only on a part-time basis under in network programs [sections	G
substitute program bas	sis, as explaine	d in the next p	oaragraph.		nd (2) certain stations carried on a	Primary Transmitters: Television
<ul><li>basis under specifc FC</li><li>Do not list the station station was carried</li></ul>	here in space	G—but do list		e Special Stateme	ent and Program Log)—if the	
List the station here,	and also in spa formation conc	ce I, if the sta			ute basis and also on some other the general instructions located	
each multicast stream	associated with	n a station acc	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example	
			•		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate	stem carried the in each case v	e station. whether the st	ation is a netwo	rk station, an inde	pendent station, or a noncommercial sty, "I" (for independent), "I-M"	
(for independent multid For the meaning of the	cast), "E" (for no se terms, see p	oncommercial page (v) of the	educational), o general instruc	r "E-M" (for nonco tions located in th	mmercial educational multicast).	
	ave entered "Ye	es" in column	4, you must com	nplete column 5, s	paper SA3 form. tating the basis on which your ering "LAC" if your cable system	
carried the distant stati For the retransmiss	ion on a part-tir ion of a distant	ne basis beca multicast stre	use of lack of a	ctivated channel c ubject to a royalty		
the cable system and a tion "E" (exempt). For s explanation of these th <b>Column 6:</b> Give the	a primary transi simulcasts, also ree categories, e location of ea	mitter or an as enter "E". If y see page (v) ch station. Fo	ssociation repres you carried the o of the general in r U.S. stations, I	senting the primary channel on any oth nstructions located ist the community	y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin		inel line-ups,	use a separate s	space G for each o		
	T	CHANN	EL LINE-UP	AT		
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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Namo
NEW KNOXVILI	LE TELEPHO	ONE			40750	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during th ons in effect on .61(e)(2) and (4 sis, as explained	e accounting June 24, 198 I), or 76.63 (red in the next p	period, except ( 31, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa (e)(2) and (4))]; ar	and low power television stations) only on a part-time basis under in network programs [sections and (2) certain stations carried on a	Primary Transmitters: Television
basis under specifc FC  • Do not list the station station was carried  • List the station here, a	C rules, regula here in space only on a subst and also in spa formation conc	tions, or autho G—but do list itute basis. ce I, if the sta	orizations: it in space I (the tion was carried	e Special Stateme	nt and Program Log)—if the  Ite basis and also on some other the general instructions located	10001001
Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	h station's call associated with -2". Simulcast se channel numbe. For example stem carried th	a station acc streams must er the FCC ha , WRC is Cha e station.	cording to its over be reported in c as assigned to the annel 4 in Washi	er-the-air designat column 1 (list each he television statio ington, D.C. This r	such as HBO, ESPN, etc. Identify ion. For example, report multistream separately; for example on for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multic For the meaning of the <b>Column 4:</b> If the sta planation of local service	entering the legast), "E" (for no se terms, see pation is outside ce area, see pa	tter "N" (for ne oncommercial page (v) of the the local serv ge (v) of the g	etwork), "N-M" (for educational), or egeneral instruc ice area, (i.e. "d general instruction	or network multicant or "E-M" (for noncortions located in the istant"), enter "Yesons located in the	s". If not, enter "No". For an ex-	
cable system carried the carried the distant static For the retransmission of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	ne distant station on on a part-tinion of a distant entered into or a primary transr simulcasts, also ree categories, a location of eact anadian station	n during the a ne basis beca multicast stre or before Jun nitter or an as e enter "E". If y see page (v) ch station. For ns, if any, give	accounting perion use of lack of are that is not sine 30, 2009, bet association repressous carried the coff the general in the U.S. stations, I are the name of the	d. Indicate by entectivated channel cubject to a royalty ween a cable systemating the primary channel on any other tructions located ist the community with	ering "LAC" if your cable system apacity.  payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further it in the paper SA3 form. It is which the station is licensed by the which the station is identifed.	
Troto: II you are unizing	g manpio onan	•	EL LINE-UP		marinor into up.	+
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	
						·!  
						··  ·- ·-

FURINI SASE, PAGE 3.					0./0==11.15		
NEW KNOXVIL					SYSTEM ID: 4075	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S	system during the ions in effect or 6.61(e)(2) and (4 sis, as explaine stations: With r	ne accounting I June 24, 198 1), or 76.63 (n d in the next p espect to any	period, except (B1, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa l(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under nin network programs [sections nd (2) certain stations carried on a able system on a substitute program	G Primary 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 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 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 during the							
FCC. For Mexican or 0 Note: If you are utilizing		inel line-ups,		space G for each	which the station is identifed. channel line-up.		
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		

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name			
NEW KNOXVIL	LE TELEPH	ONE			40750	Name			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
In General: In space (	6, identify every	television sta	ation (including t	ranslator stations	and low power television stations)				
carried by your cable s	ystem during th	ne accounting	period, except (	(1) stations carried	only on a part-time basis under	G			
				•	in network programs [sections				
76.59(d)(2) and (4), 76	.61(e)(2) and (4	4), or 76.63 (re	eferring to 76.61	(e)(2) and (4))]; ar	nd (2) certain stations carried on a	Primary			
substitute program bas			• .			Transmitters: Television			
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
basis under specifc FC	_			0 : 10: 1					
	•		t it in space I (the	e Special Stateme	nt and Program Log)—if the				
station was carried	,		tion was sarried	l bath an a ambatitu	its basis and also an same other				
					Ite basis and also on some other the general instructions located				
in the paper SA3 fo		erriirig substit	ute basis station	is, see page (v) or	the general instructions located				
		sian. Do not r	eport origination	n program services	such as HBO, ESPN, etc. Identify				
		-			on. For example, report multi-				
			•	•	stream separately; for example				
WETA-simulcast).			·	•					
Column 2: Give the	e channel numb	per the FCC h	as assigned to t	he television station	on for broadcasting over-the-air in				
	•		annel 4 in Wash	ington, D.C. This r	may be different from the channel				
on which your cable sy									
					pendent station, or a noncommercial				
					st), "I" (for independent), "I-M"				
For the meaning of the	cast), "E" (for no	oncommerciai	educational), ol	r "E-IVI" (for noncor	mmercial educational multicast).				
					e paper SAS form. s". If not, enter "No". For an ex-				
planation of local servi				**					
l'		• ,	•		tating the basis on which your				
-			-		ering "LAC" if your cable system				
carried the distant stat		-		•					
	•				payment because it is the subject				
					em or an association representing				
the cable system and a	a primary transi	mitter or an as	ssociation repres	senting the primary	transmitter, enter the designa-				
					er basis, enter "O." For a further				
					I in the paper SA3 form.				
					to which the station is licensed by the				
					which the station is identifed.				
Note: If you are utilizin	g multiple char	inei iine-ups,	use a separate s	space G for each o	channel line-up.				
	1	CHANN	EL LINE-UP	AW					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
0.0.1	NUMBER	STATION	,	(If Distant)					
	HOWBER	CITATION		(ii Biotant)					
				•					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 40750 **NEW KNOXVILLE TELEPHONE** 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/1

TORWISASE, LAGE 3.						ACCOUNTING	TEMOD. 2021/1		
LEGAL NAME OF OWNER OF NEW KNOXVILLE TEL		EM:				SYSTEM ID# 40750	Name		
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	<b>i</b>			•		
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations	. For a further	Substitute Carriage:		
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
2. LOG OF SUBSTITUTE	PROGRA	MS							
In General: List each subs			te line. Use abbreviations	wherever po	ssible, if their meaning	is			
clear. If you need more spa			. 0		dender of the control of the con-				
period, was broadcast by a			ision program (substitute p our cable system substitute			ation			
under certain FCC rules, re	gulations, o	or authorization	s. See page (vi) of the ger	eral instructi	ons located in the pape				
SA3 form for futher informa	ition. Do no	ot use general o	categories like "movies", o	"basketball"	. List specific program				
titles, for example, "I Love I			76ers vs. Bulls." r "Yes." Otherwise enter "N	lo "					
			asting the substitute progra						
			ne community to which the						
the case of Mexican or Car			community with which the tem carried the substitute			nth			
first. Example: for May 7 given		mion your oyo		orogram. ooc	mamoralo, war are me				
			gram was carried by your			ely			
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrı	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. should be				
	er "R" if the	listed program	was substituted for progra	mming that y	our system was require	ed			
to delete under FCC rules a									
gram was substituted for preffect on October 19, 1976	-	that your syste	em was permitted to delete	under FCC	rules and regulations in				
ellect off October 19, 1970	•								
S	SUBSTITUT	E PROGRAM	I		EN SUBSTITUTE	7. REASON			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
	163 01 140	CALL SIGIN	4. STATIONS ESCATION	AND DAT	TROW — TO				
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l	<del> </del>								
		<del> </del>			<u> </u>				
					_				
					_				
					_				

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 40750 **NEW KNOXVILLE TELEPHONE PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J 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 Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS** DATE **FROM** TO DATE **FROM** TO

	AL NAME OF OWNER OF CABLE SYSTEM: W KNOXVILLE TELEPHONE		SYSTEM ID# 40750	Name				
Inst all a (as	OSS 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 cone (vii) of the general instructions.	dary transmission	service	<b>K</b> Gross Receipts				
IMP	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.	\$ (Amount of	905,257.15 gross receipts)					
• Con • Con • If your feer • If your	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.							
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $\varepsilon$ k 3 below.	entered on line 1 c	of					
	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 t	block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be entered on lir	ne					
Block 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	\$	905,257.15					
	Enter the result here. This is your minimum fee.	\$	9,631.94					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and column at the page rate for from either part 9, acction 3 as	4, you must chec ?	k					
Block 3	Line 1. <b>BASE RATE FEE:</b> 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	\$	2,021.83					
	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	\$	2,021.83					
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	\$	9,631.94	Cable systems				
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	submitting additional				
	zero.  Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact				
	Line 4. FILING FEE	<u></u> \$	725.00	the Licensing additional fees.  Division for the				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	10,356.94	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	. • ,,	ition.)					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	NEW KNOXVILLE TELEPHONE	40750
M Channels	CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
Onameis	Enter the total number of channels on which the cable     system carried television broadcast stations	19
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	150+
	and nonbroadcast services	130+
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Bruce Beard, Cinnamon Mueller Telephone	314-462-9000
	Address 1714 Deer Track Trail, Ste. 230 (Number, street, rural route, apartment, or suite number)	
	St. Louis, MO 63131	
	(City, town, state, zip)	
	Email bbeard@cinnamonmueller.com Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regul	lations.)
O Certifcation	I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	,
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned in line 1 of space B.	er of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	ıerein
	X /s/ Preston Meyer	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa	
	Typed or printed name: Preston Meyer	
	Title: General Manager  (Title of official position held in corporation or partnership)	
	Date: August 13, 2021	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  NEW KNOXVILLE TELEPHONE  407	Namo
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the	P Special Statement Concerning
paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	Gross Receipts Exclusion
Name Mailing Address  Name Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period  ID number	

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

**ACCOUNTING PERIOD: 2021/1** 

DSE SCHEDULE. PAGE	11. (CONTINUED)									
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
I	NEW KNOXVILLE TELE	PHONE				40750				
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:							
	Add the DSEs of each station.									
	Enter the sum here and in line 1	of part 5 of this	schedule.		#REF!					
2	Instructions: In the column headed "Call S	ian": list the cal	I signs of all distant stations i	dentified by the	e letter "O" in column 5					
	of space G (page 3).	. <b></b>	9							
	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-									
of DSEs for	mercial educational station, give the DSE as ".25."									
Category "O"	0.414.01014	D05	CATEGORY "O" STATION		T 0411 01011	T 505				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	WBGU	0.250	WBGU-DT2	0.250	WBGU-DT3	0.250				
A d d ma										
Add rows as										
necessary.										
Remember to copy all formula into new										
						••••				
rows.						····				
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	 P	p	<del></del>

Name		WNER OF CABLE SYSTEM:  //ILLE TELEPHONE						S	40750
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all distar : For each station, give the correspond with the inform : For each station, give the condition of the column of	ne number of the mation given in the total number mn 2 by the figural point. This station, give the tumn 4 by the	nours your cable system space J. Calculate on er of hours that the statigure in column 3, and g is the "basis of carriage e "type-value" as "1.0."	n carried the stati- ily one DSE for ea on broadcast ove jive the result in de e value" for the st For each network	ion during the ach station. For the air during the cimals in contact of the conta	ing the accountiolumn 4. This mercial educations to no less	nting period. figure must tional station, ss than the	
Capacity		(	CATEGOR	Y LAC STATIONS:	COMPUTATI	ION OF D	SEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	SE
			÷		=		X		
			÷		=		x x		
			÷		=		x	=	
			÷		=		x		
			÷		=		x x	=	
			÷		=		x	=	
4	Add the DSEs of Enter the su	OF CATEGORY LAC ST of each station. m here and in line 2 of pa e the call sign of each sta by your system in substi	art 5 of this scl	space I (page 5, the Log	g of Substitute Pro			nd regular-	
Computation of DSEs for Substitute- Basis Stations	tions in effe • Broadcast of space I). Column 2: If at your option. Column 3: If Column 4: If	To your system in subsite to no October 19, 1976 (a ne or more live, nonnetwore) or each station give the This figure should corresenter the number of days Divide the figure in colum This is the station's DSE (	as shown by the programs described as shown by the number of lives a pond with the in the calendary 12 by the figures.	ne letter "P" in column 7 uring that optional carri e, nonnetwork programs information in space I. ar year: 365, except in a ure in column 3, and giv	of space I); and age (as shown by the scarried in substict a leap year. The result in column in the result in the result in column in the result in th	the word "Yes itution for pro lumn 4. Rou	" in column 2 or ograms that we	f ere deleted nan the third	ı).
		SU	JBSTITUTE	-BASIS STATION	IS: COMPUTA	ATION OF	DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	OF	MBER OGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷		=
		÷		=			÷		
		-	+	=			÷		=
		÷		=			÷		=
	Add the DSEs	÷ OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa	S STATIONS:				0.00		=
5		ER OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule	and add the	m to provide the	e total	
Total Number	1. Number	of DSEs from part 2 ●				▶_	#REF!		
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>		0.00	
	3. Number	of DSEs from part 4 ●				<b>-</b>	ı	0.00	
	TOTAL NUMBE	R OF DSEs						#REF	-!

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

	WNER OF CABLE S						S	YSTEM ID# 40750	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of pa	•	of the DSE schedu	ule blank and	complete part t	3, (page 16) of the		6
-				ELEVISION MA	ARKETS				Computation of
effect on June 24, Yes—Com	n located wholly or 1981? plete part 8 of the plete blocks B and	schedule—D	•				C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations price DSE Sche	ations listed in por for to June 25, 1 dule. (Note: The	art 2, 3, and 4 of the 981. For further ex eletter M below ref	nis schedule t planation of p	hat your syster ermitted station	ns, see the	Ţ	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre-	eles and regued pursuant to as defined al educationad station (76.6 r DSE sched ant to individually carrie	lations cited belothe FCC mark I in 76.5(kk) (76 Il station [76.5965) (see paragraule). Ital waiver of FCd on a part-time ithin grade-B cc	or substitute basis entour, [76.59(d)(5)	e in effect on a 57, 76.59(b), (1), 76.63(a) is g(a) referring the stitution of grades prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76.4 to 76.61(d)] ndfathered sta	.63(a) referring to 61(e)(1) tions in the		
Column 3:		e stations ide	ntified by the let	parts 2, 3, and 4 of ter "F" in column 2			ksheet on page 14	of 3. DSE	
SIGN	BASIS	3. D3E	SIGN	BASIS	3. D3E	SIGN	BASIS	3. D3E	
WBGU	С	0.25	WBGU-DT2	С	0.25	WBGU-DT	С С	0.25	
	-								
	-								
	•							0.75	
			BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this s	chedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abov	е					
	line 2 from line 1 eave lines 4–7 bl			•		ite.			
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
I ine 7: Multiply li	ine 6 by line 5 an	d enter here	and on line 2	block 3 space I	(page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  NEW KNOXVILLE TELEPHONE  40750										
1. CALL	2. PERMITTED	BLOCk 3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	6	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of	
									3.75 Fee	

**ACCOUNTING PERIOD: 2021/1** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **NEW KNOXVILLE TELEPHONE** 40750 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSF **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  NEW KNOXVILLE TELEPHONE	SYSTEM ID# 40750	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	905,257.15	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	// 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 DSI	Ē	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	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 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		

Name		ME OF OWNER OF CABLE SYSTEM:  NEW KNOXVILLE TELEPHONE	SYSTEM ID# 40750								
Computation of the Syndicated Exclusivity Surcharge	Section 4b If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  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. 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									
8 Computation of Base Rate Fee	You mi 6 was 6 In blo If you If you blank What i were lo	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pachecked "Yes," use the total number of DSEs from part 5.  bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "located area," see page (v) of the general instructions.	ow								
	_	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  • 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 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	Section Enter the total number of permitted DSEs from block B, part 6 of this schedule.									
	Section 3  If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1).  B. Enter 0.00701 of gross receipts (the amount in section 1).  C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here.  D. Multiply line B by line C and enter here.  E. Add lines A, and D. This is your base rate fee. Enter here										
		and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/1

	AME OF OWNER OF CABLE SYSTEM:  KNOXVILLE TELEPHONE	SYSTEM ID# 40750	Name
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		_
4	A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶\$		8
	B. Enter 0.00701 of gross receipts  (the amount in section 1)		Computation of
	C. Multiply line B by 3.000 and enter here	_	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	•	9
In Gen receipt exclusi First: I station	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee is from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:  Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for	advantage of this to the same	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge
NOTE:	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	ition you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu groups	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	tem's subscriber	
Identi     Give to subscri	section: 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 a bers in the group.	ill of the	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it is schedule; or,	in parts 2, 3, and	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in t 6 of this schedule.	block B,	
• 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 paper SA3 form.	instructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not necesticulations on the form.	nat is, the total	

LEGAL NAME OF OWNE						<u> </u>	40750	Name
	BLOCK A	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCRIE	ER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	Mercer	and Shelby Cour	nties	COMMUNITY/ ARE	A Shelby C	County		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		SE CALL SIGN DSE		
				WBGU	0.25			Base Rate F
				WBGU-DT2	0.25			and
				WBGU-DT3	0.25			Syndicate
		H			0.20			Exclusivit
	····				·····			Surcharge
					·····		·····	for
								Partially
								Distant
								Stations
otal DSEs		<u> </u>	0.00	Total DSEs	<del></del>	Į.	0.75	
Bross Receipts First G	roup	\$ 16	1,663.80	Gross Receipts Sec	ond Group	\$ 2	253,362.05	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	2,021.83	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	Auglaiz	ze County		COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
	····		····				······	
	····				······			
	<u></u>		<del></del>	-			·····	
	<del></del>		<del> </del>					
	<u> </u>		_					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 490	0,231.30	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				П				
ase Rate Fee: Add the nter here and in block		e fees for each subsci pace L (page 7)	iber group a	s shown in the boxes	above.	\$	2,021.83	
	, 1, 3	(pago 1)				*	_,=	

LEGAL NAME OF OW NEW KNOXVILL						5	40750	Name
		COMPUTATION C		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	Α		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
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	t Group	<u> </u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
C. 600 . 1000.ptd	. O. Gup			Cross ressipts see	5.14 G.54p	<u>·</u>		
Base Rate Fee First		\$	0.00	Base Rate Fee Sec	-	\$	0.00	
COMMUNITY/ADE/		SUBSCRIBER GRO	0 0	COMMUNITY/ ADE		SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA	-			COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

40750 N		LEGAL NAME OF OWNER OF CABLE SYSTEM:  NEW KNOXVILLE TELEPHONE  40750									
ES FOR EACH SUBSCRIBER GROUP	E RA	COMPUTATION OF	LOCK A	R							
TENTH SUBSCRIBER GROUP		SUBSCRIBER GROUP									
MUNITY/ AREA 0	0			COMMUNITY/ AREA							
Com   L SIGN	SE	CALL SIGN	DSE	CALL SIGN							
Base	-	07.22 0.0.1	302	0,122 0.0.1							
Syn											
Exc											
Sur											
Pa											
Di											
Sta											
			<del> </del>								
200			<del>                                     </del>								
OSEs	00_			otal DSEs							
Receipts Second Group \$ 0.00	00_	\$	oup	ross Receipts First Gro							
Rate Fee Second Group \$ 0.00	00	\$	oup	ase Rate Fee First Gro							
TWELVTH SUBSCRIBER GROUP		SUBSCRIBER GROUP	EVENTH	El							
MUNITY/ AREA 0	0			COMMUNITY/ AREA							
L SIGN DSE CALL SIGN DSE	SE	CALL SIGN	DSE	CALL SIGN							
······································											
	00			otal DSEs							
DSES	00_										
DSEs 0.00  Receipts Fourth Group \$ 0.00	00	\$	oup	otal DSEs iross Receipts Third Gr							

LEGAL NAME OF OWN						\$	40750	Name
	BLOCK A	COMPUTATION	OF BASF RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP		
TI		SUBSCRIBER GRO		TT .		SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0.122.2101.						Base Rate F		
								and
								Syndicate
								Exclusivit
								Surcharge
								for
		-				<u> </u>		Partially
		H	····			<del> </del>		Distant Stations
		H	····			-		Otations
		<del>-</del>						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
							1	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTEENTH	SUBSCRIBER GRO	DUP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		H	····			<del> </del>		
		H				<del>                                     </del>		
						-		
		H						
			····		·····			
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u>  </u>				
			criber group a	as shown in the boxes	above.			
nter here and in bloo	ck 3, line 1, s	pace L (page 7)				\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  NEW KNOXVILLE TELEPHONE  40750									
		BER GROUP	SUBSCRIF	TE FEES FOR EACH	BASE RA	COMPUTATION C	BLOCK A.	F		
_	Р	SUBSCRIBER GROUI				SUBSCRIBER GRO				
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate										
and										
Syndicate										
Exclusivit		_								
Surcharge		_								
for										
Partially Distant										
Stations		<b>-</b>								
		H				+				
			<u> </u>							
					ļ					
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	roup	ross Receipts First Gr		
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	roup	<b>ase Rate Fee</b> First Gr		
	J.									
	TWENTIETH SUBSCRIBER GROUP					SUBSCRIBER GRO	NTEENTH			
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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			<b>†</b>							
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs Gross Receipts Third G		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  NEW KNOXVILLE TELEPHONE  40750									
	BLOCK A	COMPUTATION	OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP			
TW		SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	_	
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA	٨		0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate F	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
		H				<u> </u>		Partially	
		H				<del>                                     </del>		Distant Stations	
		H			•••••	-		Otations	
		<u> </u>				-			
otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
TW	ENTY-THIRD	SUBSCRIBER GRO	DUP	TWEN	JP				
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		H				<u> </u>			
		<del> </del>				-			
		<u> </u>	····			<del> </del>			
		-							
		-							
		H							
		<u> </u>							
otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
				II					
sase Rate Fee: Add			criber group a	as shown in the boxes	above.	\$			
nei neie and in bio	JUN J, IIIIE 1, S	pace L (page /)				ψ			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  NEW KNOXVILLE TELEPHONE  40750									
	BLOCK A	: COMPUTATION (	OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP			
TW		SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate F	
								and	
								Syndicate	
								Exclusivit	
						<u> </u>		Surcharge	
						-		for	
		H						Partially	
		H				H		Distant Stations	
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						-			
		Щ							
otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
TWENT	Y-SEVENTH	SUBSCRIBER GRO	DUP	TWE	NTY-EIGHTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		H				<u> </u>			
		H							
						<u> </u>			
		H				H	·····		
							•••••		
otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
<b>.</b>			• 6.5						
Base Rate Fee Third	з <b>G</b> roup	\$	0.00	Base Rate Fee Four	uı Group	\$	0.00		
ase Rate Fee: Add			criber group a	s shown in the boxes	above.	\$			
nor nore and in blu	.c. o, iii c 1, S	,paoo = (page 1)				*			

	SAL NAME OF OWNER OF CABLE SYSTEM: W KNOXVILLE TELEPHONE SYSTEM ID# 40750									
	BLOCK A	COMPUTATION	OF BASF RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP				
TWE		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	_		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
								Base Rate F		
								and		
								Syndicate		
								Exclusivit		
						<u> </u>		Surcharge		
			<mark></mark>					for		
	<u> </u>	<u>                                     </u>	<mark></mark>					Partially		
		H	·····			-		Distant Stations		
			·····					Otationo		
			••••							
otal DSEs			0.00	Total DSEs			0.00			
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
TH	IRTY-FIRST	SUBSCRIBER GRO	)UP	THIR	RTY-SECOND	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			<mark></mark>							
						<del>                                     </del>				
		H	····			-				
		H	····			-				
otal DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
			criber group a	as shown in the boxes	above.					
nter here and in bloc						\$				

	AL NAME OF OWNER OF CABLE SYSTEM:  W KNOXVILLE TELEPHONE  40750									
	BLOCK A:	COMPUTATION	OF BASE RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP				
TH		SUBSCRIBER GRO		TT .		SUBSCRIBER GROU	JP	_		
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA	Α		0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
								Base Rate F		
								and		
								Syndicate		
								Exclusivit		
								Surcharge		
								for		
		H				<u> </u>		Partially		
		H				<del>                                     </del>		Distant Stations		
		H			•••••	-	•••••	Otations		
		<u> </u>				-				
otal DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
Т	HIRTY-FIFTH	SUBSCRIBER GRO	DUP	Т	HIRTY-SIXTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		<u> </u>								
		H								
		H				<del>                                     </del>				
		H								
		H				<del>                                     </del>				
							•••••			
otal DSEs			0.00	Total DSEs			0.00			
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
				II.						
sase Rate Fee: Add			criber group a	as shown in the boxes	above.	\$				
niei neie aliu ili Dio	JON J, IIIIE I, S	pace L (page /)				φ				

LEGAL NAME OF OW NEW KNOXVILL						\$	40750	Name
THIR		COMPUTATION O		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	II	above.	\$		

LEGAL NAME OF OWN						•	40750	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		i i		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						-		Syndicated Exclusivity
						-		Surcharge
								for
						<del>                                     </del>		Partially
						<del> </del>		Distant Stations
						-		
						<u>                                     </u>		
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FC	ORTY-THIRD	SUBSCRIBER GRO		FOI	RTY-FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<del>                                     </del>		
						<del>                                     </del>		
						<del>                                     </del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	\$		

	AL NAME OF OWNER OF CABLE SYSTEM:  W KNOXVILLE TELEPHONE  40750									
	BLOCK A	COMPLITATION	OF BASE RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP				
FC		SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	.=		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
0.122.2.0								Base Rate F		
								and		
								Syndicate		
								Exclusivit		
								Surcharge		
								for		
		-				<u> </u>		Partially		
		H				<del> </del>		Distant Stations		
	•••••	H				-	•••••	Otations		
		<u> </u>								
otal DSEs			0.00	Total DSEs			0.00			
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
<b>B</b> .4. <b>F F</b> . 14	2		2.22	Base Bate For O	10		0.00			
Sase Rate Fee First (		\$	0.00	Base Rate Fee Sec		\$	0.00			
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	JP <b>0</b>			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
						-				
		-								
		H				<del>                                     </del>				
						H				
otal DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00			
				••						
ase Rate Fee: Add and the name of the same			criber group a	as shown in the boxes	above.	\$				
no. Hore and in bloc	, o, iii le 1, 3	pase L (page 1)				*				

FOR EACH SUBSCRIBER GROUP  FIFTIETH SUBSCRIBER GROUP  ITY/ AREA  O Computation  GN DSE CALL SIGN DSE Base Rate F and Syndicated Exclusivity Surcharge		COMPUTATION OF SUBSCRIBER GROUP		E
FIFTIETH SUBSCRIBER GROUP  ITY/ AREA  O Computation  GN DSE CALL SIGN DSE Base Rate F and Syndicated Exclusivity				L
GN DSE CALL SIGN DSE of Base Rate F and Syndicated Exclusivity	<b>)</b>		TY-NINTH	FOR <sup>*</sup>
GN DSE CALL SIGN DSE of Base Rate F and Syndicated Exclusivity	···    ັ			COMMUNITY/ AREA
Base Rate F and Syndicate Exclusivity	 E	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity		07.22 0.011	332	57.EE 5.51.
Exclusivity				
Surcharge				
for				
Partially				
Distant Stations				
Stations			<b>-</b>	
		-		
	4			
	_     T			otal DSEs
eipts Second Group \$ 0.00		\$	oup	Gross Receipts First Gr
	۱۱ ۳			
Fee Second Group \$ 0.00	<u> </u>	\$	oup	ase Rate Fee First Gr
FIFTY-SECOND SUBSCRIBER GROUP		SUBSCRIBER GROUP	TY-FIRST	FIF
ITY/ AREA 0	ם			COMMUNITY/ AREA
GN DSE CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN
			<b></b>	
		-	<b>.</b>	
			<b> </b>	
			<b> </b>	
			<del> </del>	
s 0.00	Т			otal DSEs
reipts Fourth Group \$ 0.00	_	\$	roup	Gross Receipts Third G
V 0100	_   `	· •	up	
Fee Fourth Group \$ 0.00		\$	roup	Base Rate Fee Third G

LEGAL NAME OF OWN						S	40750	Name
F		COMPUTATION C		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP.	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		- CODOCKIDEN CROCK	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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 Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

Name	SAL NAME OF OWNER OF CABLE SYSTEM:  W KNOXVILLE TELEPHONE  40750									
		SER GROUP	TE FEES FOR EACH	RASE RA	COMPLITATION O	SI OCK A				
	Р	SUBSCRIBER GROUI				SUBSCRIBER GRO				
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F										
and										
Syndicate										
Exclusivit		_				-				
Surcharge						-				
for										
Partially Distant										
Stations							<del></del>			
	····						<u></u>			
			<u> </u>							
							<u></u>			
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr		
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro		
	Р	SUBSCRIBER GROUI	SIXTIETH		IP	SUBSCRIBER GRO	TY-NINTH	FIF		
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
							<u></u>			
							<del></del>			
							<del></del>			
						-				
							<u></u>			
			<del> </del>				<del></del>			
			<del> </del>				<del></del>			
			<b> </b>				<del></del>			
					ļ	·	<del></del>			
	····									
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs		

	AL NAME OF OWNER OF CABLE SYSTEM:  W KNOXVILLE TELEPHONE  40750									
	BLOCK A:	COMPUTATION (	OF BASE RA	TE FEES FOR EAC						
S		SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٨		0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
0,122 0.0.1	202	07.22 0.011	332	07.22 5.5.1	332	07.122.01.01.1	202	Base Rate F		
								and		
								Syndicate		
								Exclusivit		
								Surcharge		
								for		
		-						Partially		
		-						Distant Stations		
	·····	H						Stations		
otal DSEs			0.00	Total DSEs			0.00			
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
							1			
ase Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
SI	IXTY-THIRD	SUBSCRIBER GRO	DUP	SIX	KTY-FOURTH	SUBSCRIBER GROU	JP			
OMMUNITY/ AREA			0	COMMUNITY/ AREA	0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-				<u> </u>				
		H								
						<del> </del>				
		-								
		H								
	·····	H				-				
otal DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
				<u>  </u>						
ase Rate Fee: Add t	the <b>base rat</b>	e fees for each subs	criber group a	as shown in the boxes	above.					
nter here and in bloc			0			\$				

NEW KNOXVILL						\$	40750	Name
		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	<u></u>		0	COMMUNITY/ AREA	A		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
						<del>                                     </del>		Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	<u> </u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
C. 600 . 1000.ptd	. O. G. G				ona Oroap	<u>·</u>		
Base Rate Fee First	•	\$	0.00	Base Rate Fee Seco		\$	0.00	
SIXT COMMUNITY/ AREA		SUBSCRIBER GRO	0 0			SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<del> </del>		
						<del>                                     </del>		
			····			<del>                                     </del>		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

SIXTY-NINTH SUBSO	UTATION OF BASE RA RIBER GROUP 0	П		BER GROUP SUBSCRIBER GROU	P	
SIXTY-NINTH SUBSO	RIBER GROUP	S			Р	
	0	COMMUNITY/ ARFA				_
CALL SIGN DSE CAL					0	9
	L SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	E GIGIN BOE	O'ALL GIGIT	BOL	O'NEE GIGIT	BOL	Base Rate F
						and
						Syndicate
						Exclusivit
						Surcharge
						for
						Partially
						Distant Stations
	······				<u></u>	Stations
otal DSEs	0.00	Total DSEs			0.00	
Gross Receipts First Group \$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
					<del></del>	
ase Rate Fee First Group	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVENTY-FIRST SUBSC	RIBER GROUP	SEVENT	Y-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	0	COMMUNITY/ AREA	0			
CALL SIGN DSE CAL	L SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			-			
					<u></u>	
					<u></u>	
otal DSEs	0.00	Total DSEs			0.00	
Gross Receipts Third Group \$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
					<del></del>	
Base Rate Fee Third Group \$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	

	AL NAME OF OWNER OF CABLE SYSTEM:  W KNOXVILLE TELEPHONE  40750									
	BLOCK A	COMPUTATION	OF BASF RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP				
		SUBSCRIBER GRO		П		SUBSCRIBER GROU	UP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
						3.1223.3.1		Base Rate F		
								and		
								Syndicate		
								Exclusivit		
								Surcharge		
								for		
		<u>                                     </u>						Partially		
			····		•••••			Distant Stations		
	••••	H	····		•••••			Otations		
otal DSEs			0.00	Total DSEs			0.00			
ross Receipts First C	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
ase Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
SEVE	NTY-FIFTH	SUBSCRIBER GRO	DUP	SEV	ENTY-SIXTH	SUBSCRIBER GROU	JP			
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			····							
		H	····							
otal DSEs			0.00	Total DSEs			0.00			
iross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
				<u>II</u>						
			criber group a	s shown in the boxes	above.					
nter here and in bloc	k 3, line 1, s	pace L (page 7)				\$				

	YSTEM ID# 40750	5					R OF CABLE	NEW KNOXVILLE
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPLITATION C	BI OCK A	
	IP	SUBSCRIBER GROU				SUBSCRIBER GRO		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit								
Surcharge								
for								
Partially Distant								
Stations								
			<u> </u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	a <b>se Rate Fee</b> First Gi
	IP	SUBSCRIBER GROU	EIGHTIETH		JP	SUBSCRIBER GRO	ITY-NINTH	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs

LEGAL NAME OF OWI NEW KNOXVILL						•	40750	Name
	BLOCK A	: COMPUTATION (	OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
El		SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
		H				<u> </u>		Partially
		H				<del> </del>		Distant Stations
		H				-		Otations
						-		
		Щ						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
sase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIG	GHTY-THIRD	SUBSCRIBER GRO	DUP	EIGH	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
		-						
		H				<del> </del>		
						-		
							•••••	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				II				
			criber group a	as shown in the boxes	above.	¢		
nter here and in blo	ick 3, line 1, s	space L (page /)				\$		

Name	40750	S						LEGAL NAME OF OWNER  NEW KNOXVILLE
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION C	BLOCK A:	В
0	JP	SUBSCRIBER GROU	HTY-SIXTH	EIG	JP	SUBSCRIBER GRO	TY-FIFTH	
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
Surcharge for							<u></u>	
Partially					<u></u>		<del></del>	
Distant					<u>-</u>		<u></u>	
Stations								
					<u></u>	-		
					<u></u>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	JP	SUBSCRIBER GROU	Y-EIGHTH	EIGH <sup>-</sup>	JP	SUBSCRIBER GRO	SEVENTH	EIGHTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		<u> </u>			<u></u>			
					<u>-</u>		<u></u>	
							<u></u>	
					<u></u>		<del></del>	
					<u></u>		<del></del>	
					<u>-</u>		<u></u>	
	0.00		•	Total DSEs	0.00		'	Total DSEs
	-	•	Crour		n m	•	roun	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G

EGAL NAME OF OWI						\$	40750	Name
	BLOCK A	COMPUTATION	OF BASE RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP		
EIG		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation
07.22 07077	202	07.122.010.1	332	07.22 0.011	202	07122 01011	202	Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
		H				<u> </u>		Partially
		H				<del>                                     </del>		Distant Stations
		H				-		Otations
		Щ						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
sase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NI	NETY-FIRST	SUBSCRIBER GRO	DUP	NINE	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
		-						
		<u> </u>				<del>                                     </del>		
		-						
							•••••	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				Ш				
ase Rate Fee: Add nter here and in blo			criber group a	as shown in the boxes	above.	\$		
	. ,-	. " " /						

LEGAL NAME OF OWN						- 5	SYSTEM ID# 40750	Name
	BI OCK A	COMPUTATION	OF BASE RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP		
NIN		SUBSCRIBER GRO		П		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
						3.1223.3.1		Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
		H						Partially
		H						Distant Stations
		H						Otations
		<u> </u>						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NI	NETY-FIFTH	SUBSCRIBER GRO	DUP	N	INETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<del> </del>						
		-						
		H						
		H						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add Inter here and in blo			criber group a	as shown in the boxes	above.	\$		
mor note and in bio	on o, iii io 1, 5	pace = (page 1)				*		

LEGAL NAME OF OWNER  NEW KNOXVILLE						5	40750	Name
	I OCK V	COMPLITATION C	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	<b></b>		····					
			···					
otal DSEs	•	<del>'</del>	0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
							<del></del>	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NINE	ΓΥ-NINTH	SUBSCRIBER GRO	UP	ONE H	IUNDREDTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<b></b>							
			···					
	<b></b>							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
							<del></del>	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
•	base rate			Base Rate Fee Fourt		\$	0.00	

EGAL NAME OF OWNER  NEW KNOXVILLE 1						5	40750	Name
B	LOCK A	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
						H		Partially
						<u> </u>		Distant
								Stations
			<mark></mark>					
			<u>-</u>					
			<u>-</u>					
			<u> </u>					
otal DSEs			0.00	Total DSEs	-		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<mark></mark>					
			<mark></mark>			<u> </u>		
			···		····	<del> </del>		
			···			<del> </del>		
	<u> </u>		<u></u>			-		
	<u> </u>		<mark></mark>					
			<del></del>					
						<del>                                     </del>		
otal DSEs	l .		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
							<del></del>	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
the	base rate			Base Rate Fee Four		\$	0.00	

Name	YSTEM ID# 40750	S						LEGAL NAME OF OWNER  NEW KNOXVILLE
		BER GROUP	SUBSCRIP	TE FEES FOR EACH	BASE RA	COMPLITATION O	SI OCK A.	
_	P	SUBSCRIBER GROUI				SUBSCRIBER GRO		
9 Commutati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit								
Surcharg								
for Partially						-		
Distant							·	
Stations								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROUI	D EIGHTH	ONE HUNDRE	IP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							<u> </u>	
			<del> </del>				····	
			<u> </u>				<u> </u>	
			†·····					
			·····				·····	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs Gross Receipts Third G

	40750	S				ONE	TELEPHO	NEW KNOXVILLE
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPLITATION (	BI OCK A.	
_	Р	SUBSCRIBER GROU				SUBSCRIBER GRO		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit								
Surcharge								
for Partially							<del></del>	
Distant								
Stations							•••••••••••••••••••••••••••••••••••••••	
			<u> </u>					
	0.00			Total DSEs	0.00	_		otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Bross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secor	0.00	\$	roup	a <b>se Rate Fee</b> First G
	*							
	IP	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED		SUBSCRIBER GRO	LEVENTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
		CALL SIGN				CALL SIGN		CALL SIGN  Cotal DSEs  Gross Receipts Third G

LEGAL NAME OF OWI NEW KNOXVILL						\$	40750	Name
ONE HUNDRED T		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		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	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	FIFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	) SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	II	above.	\$		

	40750	S				ONE	R OF CABLE <b>TELEPH</b> (	NEW KNOXVILLE
		BER GROUP	SUBSCRIF	TE FEES FOR EACH	F BASF RA	COMPUTATION OF	BLOCK A	F
_	IP	SUBSCRIBER GROU		П				ONE HUNDRED SEVE
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit								
Surcharge								
for					<mark></mark>	-		
Partially Distant					<mark></mark>			
Stations					···			
			ļ					
			<b> </b>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	a <b>se Rate Fee</b> First Gr
		SLIBSCRIBER CROLL						ONE HUNDRED AND
	•	SUBSCRIBER GROU	WENTIETH	ONE HUNDRED T	JP	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NII
		SUBSCRIBER GROU	WENTIETH	ONE HUNDRED TO	<b>0</b>	SUBSCRIBER GROU	NTEENTH	
		CALL SIGN	DSE			CALL SIGN	DSE	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			CALL SIGN
	DSE		DSE	CALL SIGN	DSE		DSE	COMMUNITY/ AREA

LEGAL NAME OF OWN						\$	40750	Name
				ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GRO		1		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
								Syndicated Exclusivity
			···			<del> </del>		Surcharge
								for
								Partially
								Distant
				-				Stations
		<del>                                     </del>	···	-		<del>                                     </del>		
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TW	/ENTY-THIRD	SUBSCRIBER GROUP	)	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				.				
						-		
			···			-		
				.				
			<del></del>			<del>                                     </del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
			riber group a	as shown in the boxes	above.			
Enter here and in blo	ck 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNE NEW KNOXVILLE						5	40750	Name
	BLOCK A	COMPLITATION	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROUI		H		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
						<u> </u>		Surcharge
								for
		<u>                                     </u>						Partially
		H				H		Distant Stations
		<del> </del>						Otations
otal DSEs			0.00	Total DSEs			0.00 0.00 0.00 0.00 DSE	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROUI	P	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0.00 0.00 R GROUP	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u>                                     </u>						
						<del>                                     </del>		
		H						
		H	····			-		
	•							
otal DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	e e	0.00	Base Rate Fee Four	th Group	e	0.00	
	5.0up	\$	0.00	Dase Nate Fee Four	Огоар	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI						\$	40750	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED TV	VENTY-NINTH	SUBSCRIBER GROUP	)	ONE HUNDR	ED THIRTIETH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fee
								and
						<u> </u>		Syndicated
			···			<del>                                     </del>		Exclusivity Surcharge
						<del>                                     </del>		for
		-	···			-		Partially
								Distant
								Stations
						-		
			<mark></mark>					
Total DSEs		Ш	0.00	Total DSEs		Ц	0.00	
Gross Receipts First	Group	<u> </u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
0.000 1.000.pts 1.110t	Огоар	<u>*</u>			ona Oroap	<u>*</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED 1	THIRTY-FIRST	SUBSCRIBER GROUP	)	ONE HUNDRED TH	IRTY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			···			<del>                                     </del>		
			···					
			···			-		
			<mark></mark>			<u> </u>		
		H	<del></del>			<del> </del>		
			<del></del>			<del> </del>		
			···			<del></del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group a	II	above.	\$		

LEGAL NAME OF OWN						\$	40750	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED T	HIRTY-THIRD	SUBSCRIBER GROUP	)	ONE HUNDRED TH	IIRTY-FOURTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>					and
			<mark></mark>					Syndicated
			<mark></mark>			<u> </u>		Exclusivity Surcharge
						<del>                                     </del>		for
			···			-		Partially
								Distant
								Stations
			<mark></mark>					
			<mark></mark>			<u> </u>		
						<u> </u>		
Total DSEs	ļ.		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
							7	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED 1	THIRTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<del>                                     </del>		
						<del>                                     </del>		
			···			-		
			<mark></mark>			<u> </u>		
						<u> </u>		
						<del>                                     </del>		
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group a	II	above.	\$		

LEGAL NAME OF OWNER  NEW KNOXVILLE						S	40750	Name
F	BLOCK A.	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED THIRTY				П		SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0 DSE	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
						<del>                                     </del>		Distant
	···	+	···			<del> </del>		Stations
		H						
		_						
otal DSEs			0.00	Total DSEs			0.00 0.00 GROUP	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco		\$	•	
	RTY-NINTH	SUBSCRIBER GROUP		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0.00  0.00  RIBER GROUP  0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>		<mark></mark>					
	<del></del>	<del> </del>	···			<del> </del>		
						-		
			<mark>.</mark>					
	<mark></mark>		<mark></mark>					
			<u></u>					
			<u> </u>					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Dana Bata Fra Eliza C			0.00	Dana Bata Fair F	#h O			
Base Rate Fee Third G	ιουρ	\$	0.00	Base Rate Fee Four	ui Group	\$	0.00	
Base Rate Fee: Add the		e <b>fees</b> for each subso pace L (page 7)	riber group a	is shown in the boxes a	apove.	\$		

NEW KNOXVILL						5	40750	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED F	FORTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	0.00 0.00 0.00 0.00 DSE	of
								Base Rate Fee
						<u> </u>		and
								Syndicated Exclusivity
			<u> </u>			-		Surcharge
								for
								Partially
								Distant
								Stations
		<u> </u>	<u></u>			<u> </u>		
			<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FO	ORTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			_	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<mark></mark>			<u> </u>		
		<u> </u>	<u></u>			<u> </u>		
			<u>.</u>			<del></del>		
			<u></u>					
			<mark></mark>			<u> </u>		
			<u> </u>			<del>                                     </del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
2.555 . 1000ipto 11iiiu	. 2.2up	· ·		3.555 Rossipio i oui	C. Gup	*		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group a	as shown in the boxes a	above.	\$		

EGAL NAME OF OWN IEW KNOXVILLE						•	40750	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROUI	P	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP		9
OMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
						<u> </u>		Surcharge
								for Partially
						-		Distant
						<del>-</del>		Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP		
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
oog Pote Fee This I	Crou		0.00	Page Pete Fee F	oth Crave		0.00	
ase Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ui Group	\$	0.00	

LEGAL NAME OF OWI NEW KNOXVILL						\$	40750	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
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COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs		Ш	0.00	Total DSEs		Į. <b>I</b>	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	FIFTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIR	TY-SECOND	SUBSCRIBER GROU	JP	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	l Group	s	0.00	Base Rate Fee Four	rth Group	\$	0.00	
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Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		
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LEGAL NAME OF OWNE NEW KNOXVILLE						5	40750	Name
	BI OCK A:	COMPLITATION O	)F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
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-use materies mild (	up	\$	0.00	Dasc Nate 1 66 1 out	Group	\$	0.00	
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LEGAL NAME OF OWNE NEW KNOXVILLE						,	40750	Name
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Gross Receipts First G	roup	\$ 16	1,663.80	Gross Receipts Secon	d Group	\$	253,362.05	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 490	0,231.30	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
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LEGAL NAME OF OWNER NEW KNOXVILLE						\$	40750	Name
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GROU	JP	TWE	NTY-EIGHTH	SUBSCRIBER GROU	JP	
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<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	II as shown in the boxes a	above.	\$		

Name	40750	S						LEGAL NAME OF OWNER  NEW KNOXVILLE
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Name	40750						TELEPHO	
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9	JP <b>0</b>	SUBSCRIBER GROU	Y-FOURTH		JP <b>0</b>	SUBSCRIBER GRO	RTY-THIRD	
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Name	40750					JNE	TELEPHO	NEW KNOXVILLE
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LEGAL NAME OF OWNER NEW KNOXVILLE			-			\$	40750	Name
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Base Rate Fee: Add the			iber group a	as shown in the boxes	above.	\$		

Name	40750	J					R OF CABLE	NEW KNOXVILLE
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NEW KNOXVILLE	ΓELEPH	ONE					40750	Name
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Name	40750					ONL	TELEPHO	NEW KNOXVILLE
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Computatio	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant						-		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	B <b>ase Rate Fee</b> First G
	JP	SUBSCRIBER GROU	Y-FOURTH	SIXT	JP	SUBSCRIBER GROU	KTY-THIRD	SIX
	JP <b>0</b>	SUBSCRIBER GROL	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	(TY-THIRD	
			Y-FOURTH	COMMUNITY/ AREA			CTY-THIRD	COMMUNITY/ AREA
	0	CALL SIGN			0	SUBSCRIBER GROU		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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LEGAL NAME OF OWNE NEW KNOXVILLE						•	40750	Name
E	BLOCK A:	COMPUTATION (	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SIX	(TY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE of Base Rate and Syndicat Exclusivi Surcharg for Partially Distant	
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		<b></b>				H		
		-						Stations
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			0.00	T			0.00	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-	SEVENTH	SUBSCRIBER GRO	UP	S	IXTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<del></del>	H						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
3ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Gross Receipts Third G  Base Rate Fee Third G  Base Rate Fee: Add th	e <b>base rate</b>	\$	0.00	Base Rate Fee Fou	rth Group			

OSE of Base Rate and Syndicate Exclusivi	40750							NEW KNOXVILLE
	_			TE FEES FOR EACH				
9		SUBSCRIBER GROU	VENTIETH	SI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GRO	I Y-NINTH	SIX COMMUNITY/ AREA
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	0.00	<u> </u>	!	Total DSEs	0.00			Total DSEs
	0.00	<b>\$</b>	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	Р	SUBSCRIBER GROU	/-SECOND	SEVENT	JP	SUBSCRIBER GRO	ITY-FIRST	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	
		\$	Group		_	\$	roup	Total DSEs Gross Receipts Third G

Name	40750							
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9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROU	NTY-THIRD	
_	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation  SE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant		_						
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	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First G SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First G SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First G SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First G SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First G SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First G SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First G SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First G SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First Go SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First Go SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First G SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	Base Rate Fee First G SEVEN COMMUNITY/ AREA
	P 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA  CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	SEVE COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	NTY-FIFTH  DSE	SEVEN COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
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Name	40750							
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9		SUBSCRIBER GROU	ry-eighth			SUBSCRIBER GRO	-SEVENTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE of Base Rate F and Syndicate Exclusivit Surcharg for Partially Distant	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00 JP 0	SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Seco	JP <b>0</b>	SUBSCRIBER GRO	NTY-NINTH	SEVEN COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Seco	JP <b>0</b>	SUBSCRIBER GRO	NTY-NINTH	SEVEN COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Seco	JP <b>0</b>	SUBSCRIBER GRO	NTY-NINTH	SEVEN COMMUNITY/ AREA
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	0.00 JP 0	SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Seco	JP <b>0</b>	SUBSCRIBER GRO	NTY-NINTH	SEVEN COMMUNITY/ AREA
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	0.00 JP 0	SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Seco	JP <b>0</b>	SUBSCRIBER GRO	NTY-NINTH	Base Rate Fee First G SEVEN COMMUNITY/ AREA
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	0.00 JP 0	SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Seco	JP <b>0</b>	SUBSCRIBER GRO	NTY-NINTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Seco  COMMUNITY/ AREA  CALL SIGN	JP  O  DSE	SUBSCRIBER GRO	NTY-NINTH	SEVEN COMMUNITY/ AREA  CALL SIGN
	0.00  JP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	SUBSCRIBER GROU	DSE	Base Rate Fee Seco  COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE D.00	SUBSCRIBER GRO  CALL SIGN	DSE	SEVEN COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
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Name	40750						TELEPHO	
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9		SUBSCRIBER GROU	Y-SECOND		JP <b>0</b>	SUBSCRIBER GRO	HTY-FIRST	
Computat	0			COMMUNITY/ AREA				COMMUNITY/ AREA
DSE of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and Syndicate Exclusivit Surcharge								
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		\$ \$		Gross Receipts Secon	0.00	\$ \$		
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	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon  EIGHT  COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-THIRD	Base Rate Fee First G  EIGH  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon  EIGHT  COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-THIRD	Base Rate Fee First G  EIGH  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon  EIGHT  COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-THIRD	Base Rate Fee First G  EIGH  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon  EIGHT  COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-THIRD	Base Rate Fee First G  EIGH  COMMUNITY/ AREA
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	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon  EIGHT  COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-THIRD	Base Rate Fee First G  EIGH  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon  EIGHT  COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-THIRD	Base Rate Fee First G  EIGH  COMMUNITY/ AREA
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	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon  EIGHT  COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-THIRD	EIGH COMMUNITY/ AREA  CALL SIGN
	0.00  0.00  JP  DSE	\$ SUBSCRIBER GROU	d Group  Y-FOURTH  DSE	Base Rate Fee Secon  EIGHT  COMMUNITY/ AREA  CALL SIGN	0.00  JP  O  DSE	\$ SUBSCRIBER GRO	DSE	EIGH COMMUNITY/ AREA  CALL SIGN  Total DSEs
	0.00  0.00  JP  0 DSE	SUBSCRIBER GROU	d Group  Y-FOURTH  DSE	EIGHT COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  JP  O  O  O  O  O  O  O  O  O  O  O  O  O	SUBSCRIBER GRO  CALL SIGN	DSE	COMMUNITY/ AREA

VILLE TELEPHONE 4	M ID# 10750 Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
EIGHTY-FIFTH SUBSCRIBER GROUP EIGHTY-SIXTH SUBSCRIBER GROUP	9
AREA O COMMUNITY/ AREA	0 Computat
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE of
	Base Rate F and Syndicate Exclusivit Surcharg for Partially Distant Stations
	Partially
	Distant
	Stations
	0.00
First Group \$ 0.00 Gross Receipts Second Group \$	0.00
First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
EIGHTY-SEVENTH SUBSCRIBER GROUP EIGHTY-EIGHTH SUBSCRIBER GROUP	
AREA COMMUNITY/ AREA	0
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	DSE
Third Group \$ 0.00 Gross Receipts Fourth Group \$	0.00

Name	40750					JNE	TELEPHO	NEW KNOXVILLE
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9	JP <b>0</b>	SUBSCRIBER GROU	NINTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GRO	HTY-NINTH	EIGH COMMUNITY/ AREA
Computati	U			COMMUNITY/ AREA	U			COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
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	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon NINET COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	ETY-FIRST	Base Rate Fee First G  NINI  COMMUNITY/ AREA
	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon NINET COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	ETY-FIRST	Base Rate Fee First G  NINI  COMMUNITY/ AREA
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	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon NINET COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	ETY-FIRST	Base Rate Fee First G  NINI  COMMUNITY/ AREA
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Name	40750							
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LEGAL NAME OF OWN						,	40750	Name
	BLOCK A:	COMPUTATION (	OF BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
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NEW KNOXVILLE							40750	Name
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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Name	40750	S						LEGAL NAME OF OWNER NEW KNOXVILLE
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A:	В
9		SUBSCRIBER GROUP	GHTEENTH	ONE HUNDRED I		SUBSCRIBER GROUP	NTEENTH	ONE HUNDRED SEVE
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						E SYSTEM: ONE		NEW KNOXVILLE
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	F BASE RA	COMPUTATION C	BLOCK A:	В
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NEW KNOXVILLE						,	SYSTEM ID# 40750	Name
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP	)	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	
Base Rate Fee: Add t			criber group a	II as shown in the boxes	above.	s		

LEGAL NAME OF OWNE							40750	Name
	BLOCK A:	COMPUTATION C	DF BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
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iross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROUI	Р	ONE HUNDRED TH	IRTY-SECONE	SUBSCRIBER GROUP		
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otal DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

Name	40750							
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION O	BLOCK A:	
9		SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED THIS		SUBSCRIBER GROUP	RTY-THIRD	
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LEGAL NAME OF OWNER  NEW KNOXVILLE						\$	40750	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUP		11		H SUBSCRIBER GROUP		9
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Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIR	ΓΥ-NINTH	SUBSCRIBER GROU	IP	ONE HUNDRE	D FORTIETH	H SUBSCRIBER GROU	JP	
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Name	40750						TELEPHO	
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Name	40750						TELEPHO	
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