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

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Period 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 or rate title of the subsidiary, not that of the parent corporation. If there were different owners during the accounting period, only the owner on the last day of the accounting period should, a single statement of account and royality fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division. LEGAL NAME OF OWNERMALLING ADDRESS OF CABLE SYSTEM Wisconsin Bell, Inc. 2260 E Imperial Hwy Room 839 EI Segundo, CA 90245 NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the s names already appear in space B. In line 2, give the mailing address of the system, if different from the address g names already appear in space B. In line 2, give the mailing address of the system, if different from the address g names already appear in space D instructions, see page 1b. Identify only the frst community served below and with all communities. 2 INSTRUCTIONS: For complete space D instructions, see page 1b. Identify only the frst community served below and with all communities. Green Bay City Wi Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Green Bay City Wi Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE	Accounting	2021/1			
B Owner Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full o rate title of the subsidiary, not that of the parent corporation. It start owner of the last day of the accounting period, only the owner on the last day of the accounting period should, a single statement of account and royaly the papernet covering the entire accounting period should. a single statement of account and royaly the papernet covering the entire accounting period Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Wisconsin Bell, Inc. 22600 E Imperial Hwy Room 839 EI Segundo, CA 90245 C NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the s names already appear in space B. In line 2, give the mailing address of the system, if different from the address g System D names already appear in space B. In line 2, give the mailing address of the system, if different from the address g (Divineer, street, rural route, apartment, or suite number) (Divineer, street, rural route, apartment, or suite number) 	-				
Wisconsin Bell, Inc. 2260 E Imperial Hwy Room 839 El Segundo, CA 90245 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the s names already appear in space B. In line 2, give the mailing address of the system, if different from the address g System 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, app code) D Area Served Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and with all communities. First Community Green Bay City WI Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Sample Alda MD	_	Give the full legal name of the owner of the cable sys rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner If there were different owners during the accounting p a single statement of account and royalty fee payment co	on. r conducts the business of the cable sys period, only the owner on the last day of evering the entire accounting period.	tem. the accounting period should su	
2260 E Imperial Hwy Room 839 El Segundo, CA 90245 C System 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or sulle number) (City town, state, zip code) Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and with all communities. Served CITY OR TOWN First Green Bay City Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) Stample		LEGAL NAME OF OWNER/MAILING ADDRESS OF CA	ABLE SYSTEM		
El Segundo, CA 90245 C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the s names already appear in space B. In line 2, give the mailing address of the system, if different from the address g System 1 IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 City, town, state, zip code 1 Data Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and with all communities. Community Green Bay City Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) Sample Mala Mala MD		Wisconsin Bell, Inc.			
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System names already appear in space B. In line 2, give the mailing address of the system, if different from the address g System IDENTIFICATION OF CABLE SYSTEM: Image: street stree					
Image: Sample 1	С		2		
2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) 0 Area Served First Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) State CITY OR TOWN (SAMPLE) Area MD	System	1 IDENTIFICATION OF CABLE SYSTEM:			
D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and with all communities. Area CITY OR TOWN STATE First Green Bay City WI Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) Sample MD A		MAILING ADDRESS OF CABLE SYSTEM:			
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Served CITY OR TOWN STATE First Green Bay City WI Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Alda MD	D	Instructions: For complete space D instructions, se	ee page 1b. Identify only the frst co	mmunity served below and r	elist on page 1b
First Green Bay City WI Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Alda MD	Area	with all communities.			
Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP Alda MD A	Served	CITY OR TOWN	STATE		
Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP Aida MD A		Green Bay City	WI		
Sample Alda MD A	Community	Below is a sample for reporting communities if yo	u report multiple channel line-ups in	Space G.	-
Sample		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Alliance MD B	Sample				1
	•	Alliance			2
Gering MD B		Gering	MD	В	3

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\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/27/2021

			SYSTEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:			62984	
Wisconsin Bell, Inc.			02904	
Instructions: List each separate community served by the cable system. A "commun in FCC rules: "a separate and distinct community or municipal entity (including uninco areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The of system identification hereafter known as the "first community." Please use it as the	rporated communit frst community that first community on a	ies within unincorpo you list will serve a all future filings.	orated is a form	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile he below the identified city or town.	ome parks should b	e reported in paren	Itheses	
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	the column blank. I relevant community	lf you report any sta y with a subscriber	ations group,	
When reporting the carriage of television broadcast stations on a community-by-comr channel line-up designated by an alpha-letter(s) (based on your Space G reporting) a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	nd a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	+
Green Bay City	WI	AA	1	First
Algoma Township	WI	AA	1	Community
Allouez Village	WI	AA	1	
Appleton City	WI	AA	1	
Ashwaubenon Village	WI	AA	1	
Bellevue	WI	AA	1	
Blackwolf Township	WI	AA	1	See instructions for additional information
Buchanan Township	WI	AA	1	on alphabetization.
Byron Township	WI	AA	1	
Center Township	WI	AA	1	
Clayton Township	WI	AA	1	
Combined Locks Village	WI	AA	1	
De Pere City	WI	AA	1	
Ellington Township	WI	AA	1	
Empire Township	WI	AA	1	
Fond Du Lac City	WI	AA	1	
Fond Du Lac Township	WI	AA	1	
Forest Township	WI	AA	1	
Freedom Township	WI	AA	1	
Friendship Township	WI	AA	1	
Glenmore Township	WI	AA	1	
Grand Chute Township	WI	AA	1	
Greenville Township	WI	AA	1	
Harrison	WI	AA	1	
Hobart	WI	AA	1	
Hortonia Township	WI	AA	1	
Howard Village	WI	AA	1	
Kaukauna City	WI	AA	1	
Kimberly Village	WI	AA	1	
Kossuth Township	WI	AA	1	
Lamartine Township	WI	AA	1	
Lawrence Township	WI	AA	1	
Ledgeview Township	WI	AA	1	
Little Chute Village	WI	AA	1	
Manitowoc City	WI	AA	1	
Manitowoc Rapids Township	WI	AA	1	
Menasha City	WI	AA	1	
Menasha Township	WI	AA	1	
Neenah City	WI	AA	1	1

Neenah Township	WI	AA	1
kimi Township	WI	AA	1
rth Fond Du Lac Village	WI	AA	1
akfield Township	WI	AA	2
kfield Village	WI	AA	2
nro Township	WI	AA	-
sborn Township	WI	AA	1
hkosh City	WI WI	AA	1
shkosh Township	WI	AA	1
ockland Township	WI	AA	1
cott Township	WI	AA	1
iamico Village	WI	AA	1
ycheedah Township	WI	AA	1
vo Rivers Township	WI	AA	1
ndenbroek Township	WI	AA	1
nland Township	WI	AA	1
nnebago Unincorporated County	WI	AA	1

Name	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:						5	STEM ID
	Wisconsin Bell, Inc.								6298
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s	•		0					
Coordonu	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	• • •			•		e those exis	sting on the	
Service: Sub-	Number of Subscribers: Both						able svster	n. broken	
scribers and							-		
Rates	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 category, but do not include disc					ard rate variation	ons within a	particular rate	
	Block 1: In the left-hand block					econdary transm	nission serv	ice that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity				•				
	subscriber who pays extra for ca						under "Serv	rice to the	
	first set" and would be counted of Block 2: If your cable system						re different	from those	
	printed in block 1 (for example, t	-							
	with the number of subscribers a					•	,	-	
	sufficient.				-				
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE		NO. OF SUBSCRIBERS	RATE
-	Residential:	SUBSCRIB	ERS	NATE	CAI	LGORT OF 3L	INVICE	SUBSCRIBERS	NATE
	Service to first set		9,203	\$ 19.00	HD Tec	h Fee		6,282	\$ 10.0
	Service to additional set(s)		5,200	φ 15.00	Set-Top			9,242	\$0-\$1
	• FM radio (if separate rate)					ast TV Surchar	ae	9,203	\$8.99-\$9.9
	Motel, hotel						3-		+
	Commercial		39	\$ 20.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
_	In General: Space F calls for rat		-		espect to	all your cable s	vstem's ser	vices that were	
	not covered in space E, that is, t	nose services	that are				-		
F	convice for a single fee. There are	o two ovcontic			combina		condary tra	nsmission	
	service for a single fee. There ar furnished at cost or (2) services		ons: you	u do not need t	combina o give rat	e information co	condary tra	nsmission I) services	
F Services Other Than	furnished at cost or (2) services	or facilities fur	ons: you nished f	u do not need t to nonsubscrib	combina o give rat ers. Rate	e information co information sho	condary tra oncerning (1 ould include	nsmission I) services both the	
Services Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities fur hit in which it is rate column.	ons: you nished f susually	u do not need t to nonsubscrib y billed. If any	combina o give rat ers. Rate rates are	e information co information sho charged on a va	condary tra oncerning (1 ould include ariable per-p	nsmission) services both the program basis,	
Services Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat	or facilities fur hit in which it is rate column. re charged by	ons: you nished t s usually the cab	u do not need t to nonsubscrib y billed. If any le system for e	combina o give rat ers. Rate rates are each of the	e information co information sho charged on a va e applicable ser	condary tra oncerning (1 ould include ariable per-p vices listed.	nsmission) services both the program basis,	
Services Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	or facilities fur hit in which it is rate column. te charged by tyour cable sy	ons: you nished t s usually the cab	u do not need t to nonsubscrib y billed. If any le system for e ırnished or offe	combina o give rat ers. Rate rates are each of the red durin	e information co information sho charged on a va e applicable ser g the accounting	condary tra oncerning (1 ould include ariable per-p vices listed. g period tha	nsmission I) services both the program basis, t were not	
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Services Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services :	or facilities fur hit in which it is rate column. te charged by supur cable sy separate charged toton and inclu BLO0	ons: you nished t s usually the cab stem fu ge was de the r CK 1 CATEC Installa	u do not need to to nonsubscrib y billed. If any le system for e made or estab rate for each. GORY OF SEF ation: Non-res	combina o give rat ers. Rate rates are each of the ered durin lished. Lis	e information co information sho charged on a va e applicable ser g the accounting st these other se	condary tra oncerning (1 ould include triable per-p vices listed. g period tha ervices in the CATEGC	nsmission) services both the brogram basis, t were not he form of a BLOCK 2 DRY OF SERVICE	
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Services Other Than Secondary Fransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	or facilities fur hit in which it is rate column. te charged by your cable sy separate charg otion and inclu BLO0	ons: you nished to s usually the cab stem fu ge was de the r CK 1 CATEC Installa • Mo • Col	u do not need to to nonsubscrib y billed. If any le system for e made or estab rate for each. GORY OF SEF ation: Non-res ttel, hotel mmercial	combina o give rat ers. Rate rates are each of the ered durin lished. Lis	e information co information sho charged on a va e applicable ser g the accounting st these other se	condary tra oncerning (1 ould include triable per-p vices listed. g period tha ervices in the CATEGC Video on Service	nsmission) services both the program basis, it were not he form of a BLOCK 2 ORY OF SERVICE Demand Activation Fee	\$0-\$10 \$0-\$3
Services Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	or facilities fur hit in which it is rate column. te charged by your cable sy separate charged bion and inclu BLOC RATE	ons: you nished to s usually the cab stem fu ge was de the r CK 1 CATEC Installa • Mo • Col • Pay	u do not need to to nonsubscrib y billed. If any le system for e irnished or offe made or estab rate for each. GORY OF SEF ation: Non-ree itel, hotel mmercial y cable	combina o give rat ers. Rate rates are each of the red durin lished. Lis RVICE sidential	e information co information sho charged on a va e applicable ser g the accounting st these other se	condary tra oncerning (1 ould include ariable per-p vices listed. g period tha ervices in the CATEGC Video on Service J Credit M	nsmission) services both the program basis, it were not he form of a BLOCK 2 PRY OF SERVICE Demand Activation Fee anagement Fee	\$0-\$10 \$0-\$3 \$0-\$44
Services Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	or facilities fur hit in which it is rate column. te charged by your cable sy separate charged bion and inclu BLOC RATE	ons: you nished to s usually the cab stem fu ge was de the r CK 1 CATEC Installa • Mo • Col • Pay • Pay	u do not need to to nonsubscrib y billed. If any le system for e urnished or offe made or estab rate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c	combina o give rat ers. Rate rates are each of the red durin lished. Lis RVICE sidential	e information co information sho charged on a va e applicable ser g the accounting st these other se	condary tra oncerning (1 ould include ariable per-p vices listed. g period tha ervices in th CATEGC Video on Service / Credit M Dispatch	nsmission) services both the program basis, it were not he form of a BLOCK 2 PRY OF SERVICE Demand Activation Fee anagement Fee on Demand	\$0-\$10 \$0-\$3 \$0-\$44 \$9
Services Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	or facilities fur hit in which it is rate column. the charged by separate charge stion and inclu BLO(RATE \$5-\$199	ons: you nished to s usually the cab stem fu ge was de the r CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire	u do not need to to nonsubscrib y billed. If any le system for e urnished or offe made or estab rate for each. GORY OF SEF ation: Non-res itel, hotel mmercial y cable y cable-add'l c e protection	combina o give rat ers. Rate rates are each of the red durin lished. Lis RVICE sidential	e information co information sho charged on a va e applicable ser g the accounting st these other se	condary tra procerning (1 puld include ariable per-p vices listed. g period tha ervices in th CATEGC Video on Service J Credit M Dispatch Wireless	nsmission I) services both the program basis, it were not be form of a BLOCK 2 RY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver	\$0-\$10 \$0-\$3 \$0-\$44 \$9 \$0 - \$4
Services Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	or facilities fur hit in which it is rate column. te charged by your cable sy separate charged bion and inclu BLOC RATE	ons: you nished to s usually the cabi stem fu ge was de the r CK 1 CATEC Installa • Mo • Con • Pay • Fire • Bu	u do not need to to nonsubscrib y billed. If any le system for e urnished or offe made or estab rate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior	combina o give rat ers. Rate rates are each of the red durin lished. Lis RVICE sidential	e information co information sho charged on a va e applicable ser g the accounting st these other se	condary tra procerning (1 puld include ariable per-p vices listed. g period tha ervices in th CATEGC Video on Service / Credit M Dispatch Wireless HD Prem	nsmission 1) services both the program basis, at were not he form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee anagement Fee o on Demand Receiver jum Tier	\$0-\$10 \$0-\$3 \$0-\$44 \$9 \$0 - \$4 \$1
Services Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	or facilities fur hit in which it is rate column. the charged by separate charge stion and inclu BLO(RATE \$5-\$199	ons: you nished to s usually the cabi stem fu ge was de the r CK 1 CATEC Installa • Mo • Col • Pay • Pay • Bui Other	u do not need to to nonsubscrib y billed. If any le system for e urnished or offe made or estab rate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services:	combina o give rat ers. Rate rates are each of the red durin lished. Lis RVICE sidential	e information co information sho charged on a va e applicable ser g the accounting st these other se RATE	condary tra procerning (1 puld include ariable per-p vices listed. g period tha ervices in th CATEGC Video on Service J Credit M Dispatch Wireless HD Prem DVR Upg	nsmission 1) services both the program basis, at were not be form of a BLOCK 2 PRY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver Jum Tier grade Fee	\$0-\$10 \$0-\$3 \$0-\$44 \$9 \$0 - \$ \$1 \$10
Services Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	or facilities fur hit in which it is rate column. the charged by separate charge stion and inclu BLO(RATE \$5-\$199	ons: you nished f s usually the cabi stem fu ge was de the r CK 1 CATEC Installi • Mo • Col • Pay • Fire • Bui Other	u do not need to to nonsubscrib y billed. If any le system for e urnished or offe made or estab rate for each. GORY OF SEF ation: Non-res- tiel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services: connect	combina o give rat ers. Rate rates are each of the red durin lished. Lis RVICE sidential	e information co information sho charged on a va e applicable ser g the accounting st these other se	condary tra procerning (1 puld include ariable per-p vices listed. g period tha ervices in th CATEGC Video on Service J Credit M Dispatch Wireless HD Prem DVR Upg Vacation	nsmission I) services both the program basis, it were not be form of a BLOCK 2 RY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver Jum Tier grade Fee Hold	\$0-\$10 \$0-\$3 \$0-\$44 \$9 \$0 - \$- \$1 \$10 \$10 \$
Services Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	or facilities fur hit in which it is rate column. the charged by separate charge stion and inclu BLO(RATE \$5-\$199	ons: you nished to usually the cab stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pay • Fire • Bui • Rei • Dis	u do not need to to nonsubscrib y billed. If any le system for e urnished or offe made or estab rate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services:	combina o give rat ers. Rate rates are each of the red durin lished. Lis RVICE sidential	e information co information sho charged on a va e applicable ser g the accounting st these other se RATE	condary tra procerning (1 puld include ariable per-p vices listed. g period tha ervices in th CATEGC Video on Service A Credit M Dispatch Wireless HD Prem DVR Upg Vacation Program	nsmission 1) services both the program basis, at were not be form of a BLOCK 2 PRY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver Jum Tier grade Fee	\$0-\$10 \$0-\$3 \$0-\$44 \$9 \$0 - \$ \$1 \$10

LEGAL NAME OF OWN Wisconsin Bell						4
		STEM:			SYSTEM ID# 62984	Nomo
PRIMARY TRANSMITTI	•				02304	
In General: In space (carried by your cables FCC rules and regulat 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 for Column 1: List eac	G, identify ever system during t ions in effect o 5.61(e)(2) and d sis, as explaine Stations: With CC rules, regula on here in space only on a subs and also in spa oformation condorm.	y television st the accounting n June 24, 19 (4), or 76.63 (ed in the next respect to any ations, or auth G—but do lis stitute basis ace I, if the sta cerning substi sign. Do not	g period except 81, permitting tl referring to 76.6 paragraph y distant station norizations: It it in space I (th ation was carrie tute basis station report originatio	 (1) stations carrie he carriage of cere (1(e)(2) and (4))]; s carried by your ne Special Statened d both on a subsections, see page (v) n program servic 	s and low power television stations) ed only on a part-time basis under tain network programs [section: and (2) certain stations carried on a cable system on a substitute program nent and Program Log)—if the titute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi	G Primary Transmitters: Television
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams mus	t be reported in	column 1 (list ea	ch stream separately; for example tion for broadcasting over-the-air ir	
educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried t For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	v entering the le cast), "E" (for n ese terms, see ation is outside ice area, see p ave entered "Y he distant statii ion on a part-ti sion of a distant t entered into c a primary trans simulcasts, als nree categories e location of ea Canadian static	etter "N" (for n noncommercia page (v) of the the local ser age (v) of the 'es" in column on during the me basis bec t multicast stm on or before Ju smitter or an a o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups,	etwork), "N-M" il educational), c e general instruc vice area, (i.e. " general instruc 4, you must co accounting peri ause of lack of a une 30, 2009, bu ssociation repre you carried the) of the general or U.S. stations, re the name of t	(for network multi or "E-M" (for non- loctions located in distant"), enter "Y tions located in the mplete column 5 od. Indicate by ele activated channel subject to a royal etween a cable se esenting the primi- channel on any di instructions local list the community with space G for eact	Yes". If not, enter "No". For an ex the paper SA3 form a stating the basis on which you intering "LAC" if your cable system capacity ty payment because it is the subjec ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the the which the station is identifec	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF		
SIGN	CHANNEL	OF	(Yes or No)		IG LOCATION OF STATION	
	NUMBER	STATION	. ,	CARRIAGE (If Distant)	6. LOCATION OF STATION	
WACY-DT/HD	NUMBER 32/1032	STATION	. ,		6. LOCATION OF STATION Appleton, WI	-
		STATION I N	· · ·			
WBAY-DT/HD	32/1032	I	No		Appleton, WI Green Bay, WI	 additional informatior
WBAY-DT/HD WCWF/WCWFHD	32/1032 2/1002 14/1014	I N I	No No		Appleton, WI Green Bay, WI Suring, WI	
WBAY-DT/HD WCWF/WCWFHD WFRV-DT/HD	32/1032 2/1002 14/1014 5/1005	I N I N	No No No No		Appleton, WI Green Bay, WI Suring, WI Green Bay, WI	additional information
WACY-DT/HD WBAY-DT/HD WCWF/WCWFHD WFRV-DT/HD WGBA-DT/HD	32/1032 2/1002 14/1014 5/1005 26/1026	I N I	No No No No		Appleton, WI Green Bay, WI Suring, WI Green Bay, WI Green Bay, WI	additional information
WBAY-DT/HD WCWF/WCWFHD WFRV-DT/HD	32/1032 2/1002 14/1014 5/1005	I N I N	No No No No		Appleton, WI Green Bay, WI Suring, WI Green Bay, WI	additional information

FORM SA3E. PAGE 3.	

FORM SA3E. PAGE 3						
LEGAL NAME OF OV	WNER OF CABLE SY	STEM:			SYSTEM ID#	Name
Wisconsin Be	ell, Inc.				62984	Nume
RIMARY TRANSMIT	TERS: TELEVISIO	ON				
In General: In space carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program b Substitute program b Substitute Basis basis under specifc • Do not list the stati station was carrie • List the station her basis. For further in the paper SA3 Column 1: List e each multicast strea cast stream as "WE WETA-simulcast).	e G, identify ever e system during t lations in effect of 76.61(e)(2) and (basis, as explaine s Stations: With FCC rules, regula on here in space ed only on a subs e, and also in space information conc form. each station's call im associated wit TA-2". Simulcast	y television st he accounting n June 24, 19 (4), or 76.63 (f ed in the next respect to any ations, or auth G—but do lis titute basis ace I, if the sta cerning substif sign. Do not f h a station ac streams must	g period except (81, permitting th referring to 76.6 paragraph y distant stations orizations: at it in space I (th ation was carried tute basis station report origination cording to its ow t be reported in o	(1) stations carried the carriage of cert 1(e)(2) and (4))]; is carried by your of the Special Statem d both on a substi- ns, see page (v) of the program service er-the-air designal column 1 (list eac	s and low power television stations) d only on a part-time basis under ain network programs [section: and (2) certain stations carried on a cable system on a substitute progran ent and Program Log)—if the tute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi h stream separately; for example ion for broadcasting over-the-air ir	G Primary Transmitters: Television
educational station, for independent mu For the meaning of t Column 4: If the blanation of local se Column 5: If you cable system carried carried the distant st For the retransmi of a written agreeme	ate in each case of by entering the le liticast), "E" (for n these terms, see station is outside rvice area, see p have entered "Y d the distant station tation on a part-til ission of a distant ent entered into o	whether the si etter "N" (for n oncommercia page (v) of the the local servage (v) of the es" in column on during the me basis beca t multicast stre	etwork), "N-M" (al educational), o e general instruct vice area, (i.e. "c general instruct 4, you must cor accounting perionause of lack of a eam that is not s	for network multic or "E-M" (for nonco ctions located in the distant"), enter "Ye ions located in the nplete column 5, od. Indicate by en activated channel subject to a royalty	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you tering "LAC" if your cable syster	
tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican o	or simulcasts, also three categories the location of ea or Canadian static	o enter "E". If , see page (v , h station. Fo ons, if any, giv	you carried the) of the general i or U.S. stations, re the name of th	channel on any o instructions locate list the community ne community with	ry transmitter, enter the designa ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the n which the station is identifec	
tion "E" (exempt). For explanation of these Column 6: Give	or simulcasts, also three categories the location of ea or Canadian static	o enter "E". If s, see page (v ich station. Fo ons, if any, giv nnel line-ups,	you carried the) of the general i or U.S. stations, re the name of th	channel on any o instructions locate list the community ne community with space G for each	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the n which the station is identifec	
ion "E" (exempt). Fo explanation of these Column 6: Give FCC. For Mexican o	or simulcasts, also three categories the location of ea or Canadian static	o enter "E". If s, see page (v ich station. Fo ons, if any, giv nnel line-ups,	you carried the) of the general is or U.S. stations, re the name of th use a separate IEL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the n which the station is identifec	
ion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican o lote: If you are utilitien 1. CALL	or simulcasts, also three categories the location of ea or Canadian static zing multiple char 2. B'CAST CHANNEL	o enter "E". If a, see page (v ach station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF	you carried the) of the general is or U.S. stations, re the name of th use a separate IEL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AB 5. BASIS OF CARRIAGE	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the n which the station is identifec channel line-up.	
on "E" (exempt). Fo xplanation of these Column 6: Give CC. For Mexican o lote: If you are utilit	or simulcasts, also three categories the location of ea or Canadian static zing multiple char 2. B'CAST CHANNEL	o enter "E". If a, see page (v ach station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF	you carried the) of the general is or U.S. stations, re the name of th use a separate IEL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AB 5. BASIS OF CARRIAGE	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the n which the station is identifec channel line-up.	
on "E" (exempt). Fo xplanation of these Column 6: Give CC. For Mexican o lote: If you are utilit	or simulcasts, also three categories the location of ea or Canadian static zing multiple char 2. B'CAST CHANNEL	o enter "E". If a, see page (v ach station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF	you carried the) of the general is or U.S. stations, re the name of th use a separate IEL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AB 5. BASIS OF CARRIAGE	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the n which the station is identifec channel line-up.	
on "E" (exempt). Fo xplanation of these Column 6: Give CC. For Mexican o lote: If you are utilit	or simulcasts, also three categories the location of ea or Canadian static zing multiple char 2. B'CAST CHANNEL	o enter "E". If a, see page (v ach station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF	you carried the) of the general is or U.S. stations, re the name of th use a separate IEL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AB 5. BASIS OF CARRIAGE	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the n which the station is identifec channel line-up.	
on "E" (exempt). Fo xplanation of these Column 6 : Give "CC. For Mexican o lote: If you are utilit I. CALL	or simulcasts, also three categories the location of ea or Canadian static zing multiple char 2. B'CAST CHANNEL	o enter "E". If a, see page (v ach station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF	you carried the) of the general is or U.S. stations, re the name of th use a separate IEL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AB 5. BASIS OF CARRIAGE	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the n which the station is identifec channel line-up.	
ion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican o lote: If you are utilitien 1. CALL	or simulcasts, also three categories the location of ea or Canadian static zing multiple char 2. B'CAST CHANNEL	o enter "E". If a, see page (v ach station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF	you carried the) of the general is or U.S. stations, re the name of th use a separate IEL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AB 5. BASIS OF CARRIAGE	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the n which the station is identifec channel line-up.	
ion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican o Note: If you are utilitien 1. CALL	or simulcasts, also three categories the location of ea or Canadian static zing multiple char 2. B'CAST CHANNEL	o enter "E". If a, see page (v ach station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF	you carried the) of the general is or U.S. stations, re the name of th use a separate IEL LINE-UP 4. DISTANT? (Yes or No)	channel on any o instructions locate list the community ne community with space G for each AB 5. BASIS OF CARRIAGE	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the n which the station is identifec channel line-up.	

r	SA3E. PAGE 7.			A. /A	.	
	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM II		Name
Wis	sconsin Bell, Inc.			6298	54	
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secu- identifed in space E) during the accounting period. For a further explanation of how to be e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary f compute	transm e this a \$	nission service		K Gross Receipts
				• • •		
 Instru Con Con If yo fee t If yo according 	(RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. nur system did not carry any distant television stations, leave block 3 blank. Enter the ar from block 1 on line 1 of block 4, and calculate the total royalty fee. nur system did carry any distant television stations, you must complete the applicable pa pompanying this form and attach the schedule to your statement of account.	arts of tl	he DS	E Schedule		L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entere	ed on	line 1 of		
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered	on lin	e 2 in block		
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be e	entere	d on line		
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fer system's gross receipts for the accounting period.					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$	3,759,181.17	-	
	This is your minimum fee.	\$		39,997.69		
Block 2 Block	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. Did your cable system carry any distant television stations during the accounting period year. No—Leave block 3 below blank and c Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero 	nn 4, yc od?	ou mus	st check		
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	-		0.00	-	
	schedule. If none, enter zero	-		0.00	-	
	Line 3. Add lines 1 and 2 and enter				1	
	here	\$		4.24		
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		\$	39,997.69	-	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00		submitting additional deposits under
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	-		0.00	-	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	-	\$	725.00	-	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		40,722.69]	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	ge (i) c	of the		

ACCOUNTING PERI	FORM SA3E. PAGI
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:
Name	Wisconsin Bell, Inc. 629
м	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.
Channels	
	1. Enter the total number of channels on which the cable 14 system carried television broadcast stations 14
	2. Enter the total number of activated channels
	on which the cable system carried television broadcast stations 594
	and nonbroadcast services
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)
Individual to	
Be Contacted for Further Information	Name Myriam Nassif Telephone 310-964-1930
	Address 2260 E Imperial Hwy Room 839 (Number, street, rural route, apartment, or suite number)
	El Segundo, CA 90245 (City, town, state, zip)
	Email mn112s@att.com Fax (optional)
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)
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 identifed 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 system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	X /s/ Michael Santogrossi
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.
	Typed or printed name: Michael Santogrossi
	Title: Vice President – Finance
	(Title of official position held in corporation or partnership)
	Date: August 24, 2021
L	
form in order to provide numbers. By provide	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th cess your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telepho ling 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 anc pared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t
	f statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of lav

U.S. Copyright Office

FORM	SA3F	PAGE9
		I AOLU

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Wisconsin Bell, Inc.	62984	Name
lowing sentence: "In determining the total number of subscribers a service of providing secondary transmissions secondary transmissions of providing secondary	SS RECEIPTS EXCLUSIONS 7, section 111(d)(1)(A), of the Copyright Act by adding the fol- nd the gross amounts paid to the cable system for the basic primary broadcast transmitters, the system shall not include sub- receiving secondary transmissions pursuant to section 119."	P Special Statement
paper SA3 form. During the accounting period did the cable system exclu made by satellite carriers to satellite dish owners? X NO	s, see the note on page (vii) of the general instructions in the de any amounts of gross receipts for secondary transmissions	Concerning Gross Receipts Exclusion
VES. Enter the total here and list the satellite carrier Name Mailing Address	(s) below	
INTEREST ASSESSMENTS		
	nents submitted as a result of a late payment or underpayment. i) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpaym	ent x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the	sum here	
	xdays	
Line 3 Multiply line 2 by the number of days late and er		
Line 4 Multiply line 3 by 0.00274** enter here and on lin space L, (page 7)		
* To view the interest rate chart click on <i>www.copyrig</i> contact the Licensing Division at (202) 707-8150 o	ght.gov/licensing/interest-rate.pdf. For further assistance please r licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the	e interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statem please list below the owner, address, first community se filing.	ent of account already submitted to the Copyright Offce, rved, accounting period, and ID number as given in the original	
Owner Address		
First community served Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code auth	orizes the Copyright Offce to collect the personally identifying information (PII) requested on t	r

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.

2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

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

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

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

Each of the second, third, and fourth DSEs0.701% of gross receiptsThe fifth and each additional DSE0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

Identify the communities/areas represented by each subscriber group.
 For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS **Distant Stations Carried** Identification of Subscriber Groups STATION DSE OUTSIDE LOCAL GROSS RECEIPTS In most cases under current ECC CITY 10 SERVICE AREA OF FROM SUBSCRIBERS rules all of Fairvale would be within A (independent) 1.0 Santa Rosa Stations A. B. C. D .E B (independent) \$310.000.00 the local service area of both stations C (part-time) 0.083 Rapid Citv Stations A and C 100 000 00 A and C and all of Rapid City and Bo-0.139 Stations A and C 70.000.00 dega Bay would be within the local D (part-time) Bodega Bay Fairvale Stations B, D, and E 120,000.00 service areas of stations B, D, and E. E (network) 0.25 **TOTAL DSEs** 2.472 TOTAL GROSS RECEIPTS \$600.000.00 Minimum Fee Total Gross Receipts \$600,000.00 Santa Rosa Stations A and C x .01064 35 mile zone \$6,384.00 First Subscriber Group Third Subscriber Group Second Subscriber Group (Rapid City and Bodega Bay) (Fairvale) (Santa Rosa) Fairvale Gross receipts \$310,000.00 Gross receipts \$170,000.00 Gross receipts \$120,000.00 Rapid City DSEs 2.472 DSEs 1.083 DSEs 1.389 Base rate fee \$6,497.20 Base rate fee \$1,907.71 Base rate fee \$1,604.03 \$310,000 x .01064 x 1.0 = 3,298.40 \$170,000 x .01064 x 1.0 = 1,808.80 \$120,000 x .01064 x 1.0 = 1,276.80 Bodega \$310,000 x .00701 x 1.472 = 3,198.80 \$170,000 x .00701 x .083 = 98.91 \$120,000 x .00701 x .389 = 327.23 Bay \$6,497.20 \$1,907.71 \$1,604.03 Base rate fee Base rate fee Base rate fee

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

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

EXAMPLE:

L

Stations B, D,

and E

35 mile zone

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#
I	Wisconsin Bell, Inc.					62984
	SUM OF DSEs OF CATEGOR • Add the DSEs of each statior Enter the sum here and in line	۱.			0.25	
2 Computation of DSEs for	Instructions: In the column headed "Call S of space G (page 3). In the column headed "DSE" mercial educational station, giv	': for each indep	endent station, give the DS 25."	E as "1.0"; fo		-
Category "O"			CATEGORY "O" STATION	NS: DSEs	-	
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WPNE-DT/HD	0.250				
Add rows as						
necessary.						
Remember to copy						
all formula into new rows.						

								ULE. PAGE 12.				
Name	UEGAL NAME OF C	OWNER OF CABLE SYSTEM: Sell, Inc.					S	62984				
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all distant :: For each station, give the correspond with the inform :: For each station, give the :: Divide the figure in colu at least to the third decin :: For each independent s value as ".25." :: Multiply the figure in col point. This is the station's	ne number of hours mation given in spa ne total number of h mn 2 by the figure in nal point. This is the tation, give the "typ umn 4 by the figure	your cable system ce J. Calculate on iours that the stati n column 3, and g "basis of carriag- e-value" as "1.0."	n carried the stati ly one DSE for each ion broadcast over give the result in o e value" for the st For each network give the result in	ion during the accounti ach station. er the air during the acc decimals in column 4. T tation. k or noncommercial ed	counting period. This figure must ucational station, to less than the					
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4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each sta l by your system in substi ct on October 19, 1976 (a one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE (tution for a program as shown by the let ork programs during number of live, non pond with the inforn in the calendar yea n 2 by the figure in	n that your system ter "P" in column that optional carri network program mation in space I. ar: 365, except in column 3, and giv	was permitted to 7 of space I); and age (as shown by s carried in substi a leap year. re the result in co	o delete under FCC rule the word "Yes" in columr itution for programs tha lumn 4. Round to no le	a 2 of It were deleted ss than the third	m).				
		SU	BSTITUTE-BAS	SIS STATION	S: COMPUTA	TION OF DSEs						
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE				
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5	number of DSE	R OF DSEs: Give the among applicable to your system		s in parts 2, 3, and	4 of this schedule	and add them to provide						
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OT DOES						<u> </u>						
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		NOTE:						(OTE:				
LEGAL NAME OF C Wisconsin Be l	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 62984	Name			
	ii, iiic.							02904				
nstructions: Bloo n block A:	ck A must be comp	leted.										
	f your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the											
chedule. If your answer if	"No," complete blo	cks B and C be	elow									
BLOCK A: TELEVISION MARKETS												
s the cable syster	m located wholly ou	utside of all ma	ajor and smal	ller markets as defi	ned under se	ction 76.5 of F	CC rules and regul	ations in	3.75 Fee			
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X No—Comp	plete blocks B and	C below.										
		BLOCI	K B: CARF	RIAGE OF PERI	MITTED DS	SEs						
Column 1: CALL SIGN	under FCC rules	and regulation e DSE Schedu	s prior to Jur ıle. (Note: Th	part 2, 3, and 4 of the 25, 1981. For fur the letter M below re Act of 2010.)	ther explanat	tion of permitte	d stations, see the	-				
Column 2: BASIS OF PERMITTED	Enter the appropr (Note the FCC ru A Stations carrie	riate letter indic les and regula	cating the ba tions cited be	sis on which you ca blow pertain to thos rket quota rules [76	e in effect on	June 24, 1987	,)				
CARRIAGE	C Noncommerica D Grandfathered instructions for E Carried pursua *F A station prev	al educational a l station (76.65 r DSE schedul ant to individua viously carried HF station with	station [76.59 i) (see parag e). Il waiver of Fi on a part-tim nin grade-B c	ne or substitute bas contour, [76.59(d)(5	3(a) referring stitution of gra	to 76.61(d)] andfathered st ne 25, 1981	ations in the)]				
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1. CALL SIGN WPNE-DT/I	*(Note: For those this schedule to d 2. PERMITTED BASIS H C	a stations ident letermine the D 3. DSE 0.25 0.25 BL DSEs from pa d DSEs from . This is the to	ified by the k DSE.) 1. CALL SIGN .OCK C: CC art 5 of this block B abc otal number	2. PERMITTED BASIS DMPUTATION OF schedule	2, you must c 3. DSE = 3.75 FEE to the 3.75	omplete the w	2. PERMITTED	3. DSE				
1. CALL SIGN WPNE-DT/I	*(Note: For those this schedule to d 2. PERMITTED BASIS C C e total number of f e sum of permitted line 2 from line 1	a stations ident letermine the D 3. DSE 0.25 0.25 BL DSEs from pa d DSEs from pa d DSEs from . This is the to ank and proc	In the lease of th	2. PERMITTED BASIS DMPUTATION OF schedule	2, you must c 3. DSE = 3.75 FEE to the 3.75	omplete the w	2. PERMITTED	3. DSE	DSEs represe partially			
1. CALL SIGN WPNE-DT/I	*(Note: For those this schedule to d 2. PERMITTED BASIS H C C e total number of e sum of permitted line 2 from line 1 leave lines 4–7 bl	e stations ident letermine the D 3. DSE 0.25 0.25 BL DSEs from pa d DSEs from pa d DSEs from . This is the to lank and proc space K (pag	ified by the le DSE.) 1. CALL SIGN 	2. PERMITTED BASIS DMPUTATION OF schedule	2, you must c 3. DSE = 3.75 FEE to the 3.75	omplete the w	2. PERMITTED BASIS	3. DSE	DSEs represe partially permited/ partially			
1. CALL SIGN WPNE-DT/I	*(Note: For those this schedule to d 2. PERMITTED BASIS H C C e total number of l e sum of permitted line 2 from line 1 leave lines 4–7 bl pss receipts from	a stations ident letermine the D 3. DSE 0.25 0.25 BL DSEs from pa d DSEs from pa	ified by the le DSE.) 1. CALL SIGN COCK C: CC art 5 of this block B abc otal number weed to part ge 7) n here	2. PERMITTED BASIS DMPUTATION OF schedule	2, you must c 3. DSE = 3.75 FEE to the 3.75	omplete the w	2. PERMITTED BASIS	3. DSE	permited/ partially nonpermitte			

			אס	(CONITIN'		A. TELEV//C				
6	3. DSE	2. PERMITTED BASIS		3. DSE	2. PERMITTED BASIS		3. DSE	2. PERMITTED BASIS	1. CALL : SIGN	
Computat 3.75 F			-							

								ſ	DSE SCHE	DULE. PAGE 14.	
News	LEGAL NAME OF OWN	IER OF CABLE SYS	TEM:						S	STEM ID#	
Name	Wisconsin Bell	, Inc.								62984	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Norksheet for Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating the DSE 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. Schedule for Permitted Part-Time and Substitute Indicate the basis of carriage on which the station was carried by listing one of the following letters: Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, section										
	4.0111				ΕĎ	ON A PART-TIME AN			0 55	DIALTTER	
	1. CALL	2. PRIOR				4. BASIS OF		RESENT	6. PE	RMITTED	
	SIGN	DSE	P	ERIOD		CARRIAGE		DSE		DSE	
							1				
7	Instructions: Block A	must be complete	ed.								
0	In block A:	«X		h . l							
Computation		"Yes," complete bl					1				
of the	If your answer is	"No," leave blocks	B and C blank	and complete	par	t 8 of the DSE schedu	le.				
Syndicated			BLOCI	k a: Major	TE	ELEVISION MARK	ET				
Exclusivity											
Surcharge	 Is any portion of the c 	able system within	a top 100 majo	r television mark	ket a	as defned by section 76	.5 of FCC ru	iles in effect Jur	ne 24, 198	31?	
	X Yes—Complete	blocks B and C .				No—Proceed to	part 8				
	BLOCK B: C	arriage of VHF/Gra	de B Contour	Stations		BLOCK	K C: Compu	itation of Exem	pt DSEs		
	Is any station listed in					Was any station listed					
	commercial VHF stati		ade B contour	, in whole		nity served by the cab to former FCC rule 76		rior to March 3	1, 1972?	(refer	
	or in part, over the cal	-					,				
		tation below with its		nitted DSE		Yes—List each st			ite permitte	ed DSE	
	X No—Enter zero a	and proceed to part 8				X No—Enter zero a	nd proceed t	o part 8.			
				DCC		CALL SIGN	Dec			DRE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG		DSE	
								-			
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	
					11			-			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Wisconsin Bell, Inc. 62984	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	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.	
, and a second s	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

DSE SCHEDU	LE. F	PAGE	1

	LEGAL NAM	DSE SCHEDULE, P. ME OF OWNER OF CABLE SYSTEM: SYSTEM:	PAGE 16. EM ID#
Name			62984
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
8	You m 6 was	ctions: iust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ick A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of	-	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
		e area," see page (v) of the general instructions.	
	Didu	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
		 rour cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. 	
	L		
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7)	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
			0.00

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
Wisco	onsin Bell, Inc. 62984	Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts	0
	(the amount in section 1)►	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) >	of
	C. Multiply line B by 3.000 and enter here►	Base Rate 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 broadcast signals	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- Space G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation
	s non subscribers located within the station's local service area, non your system's total gross receipts. To take advantage of clusion, you must:	of Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number	and
	is and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each	Syndicated Exclusivity
group.	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
-		for Partially
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Distant
Howev	er, if your cable system is wholly located outside all major television markets, complete block A only.	Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations	Permitted
-	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
Step 2 outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by	
	ne token, the station is distant to the subscriber.)	
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	a section:	
 Identi 	fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• lf:		
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions e paper SA3 form.	
page. DSEs f	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show stual calculations on the form.	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name	Wisconsin Bell, Inc.	62984
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	
	1	

LEGAL NAME OF OWNE Wisconsin Bell, Ir	ER OF CABL	E SYSTEM:					62984	Name
				TE FEES FOR EAC		BER GROUP		
COMMUNITY/ AREA	FIRST	SUBSCRIBER GROU	<u>ч</u>	COMMUNITY/ AREA	9			
		0 COMMUNITY/ AREA 0					Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-		WPNE-DT/HD	0.25			Base Rate Fe and
								Syndicated
						_		Exclusivity
		-						Surcharge
								for Partially
								Distant
		_						Stations
otal DSEs			0.00	Total DSEs			0.25	
Bross Receipts First G	iroup	\$ 3,75	7,585.41	Gross Receipts Seco	ond Group	\$	1,595.76	
ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	4.24	
	THIRD	SUBSCRIBER GROU	JP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-				-		
otal DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
ase Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ase Rate Fee: Add t			riber group a	ll is shown in the boxes a	bove.	\$	4.24	

LEGAL NAME OF OWNE Wisconsin Bell, In		E SYSTEM:				S	62984	Name
E				TE FEES FOR EACH				
					SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				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 G	roup	\$	0.00	Gross Receipts Secor	ia Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secor	nd Group	\$	0.00	
\$	SEVENTH	SUBSCRIBER GROU			EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	h Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	e fees for each subsc pace L (page 7)	riber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE Wisconsin Bell, In		E SYSTEM:	1.		-	S	YSTEM ID# 62984	Name
В				TE FEES FOR EACH				
FIRST SUBSCRIBER GROUP						SUBSCRIBER GROU		9
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0			U	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 Gr	roup	\$ 3,757	,585.41	Gross Receipts Seco	nd Group	\$	1,595.76	
·	I.		<u> </u>					
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
							0.00	
		0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	h Group	\$	0.00		
								
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes a	bove.	\$	0.00	

Exclusivit Surchargu for Partially Distant	0	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH	BASE RA	COMPUTATION O			
Computati DSE of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant	0	SUBSCRIBER GROU	SIXTH					B	
Computati DSE of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant					Р	SUBSCRIBER GROU	FIFTH		
DSE of Base Rate F and Syndicate Exclusivit Surcharg for Partially Distant	DSE						COMMUNITY/ AREA 0		
and Syndicate Exclusivit Surcharg for Partially Distant		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Syndicate Exclusivit Surcharg for Partially		-							
Exclusivit Surchargu for Partially Distant									
Surcharge for Partially Distant		-				-			
for Partially Distant						-			
Partially Distant									
Distant		=				-			
Stations									
		-							
0.00	0.00			Total DSEs	0.00	11	1	Fotal DSEs	
	0.00	\$	Group	Gross Receipts Secon	0.00				
0.00	0.00	\$	Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
)UP	SUBSCRIBER GROU	EIGHTH		Р	SUBSCRIBER GROU	SEVENTH	S	
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		-							
		-				-			
						-			
						-			
						-			
		-							
					.				
					[
0.00	0.00			Total DSEs	0.00	Total DSEs 0.00			
0.00	0.00	\$	Group	Gross Receipts Fourth	0.00	<u>\$</u>	iroup	Gross Receipts Third G	
0.00	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	iroup	Base Rate Fee Third G	

		FORM SA3E. PAGE 20.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Wisconsin Bell, Inc.	SYSTEM ID# 62984						
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television ma by section 76.5 of FCC rules in effect on June 24, 1981:	the station is not exempt in Part 7, you mustalso compute a						
Computation of	First 50 major television market	Second 50 major television market						
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of							
Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	First Group	Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	Ŭ Î						

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Wisconsin Bell, Inc.	SYSTEM ID# 62984
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television ma by section 76.5 of FCC rules in effect on June 24, 1981:	the station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee		
and Syndicated Exclusivity Surcharge for Partially Distant Stations	ercial VHF Grade B contour stations listed in block A, part 9 of for the VHF Grade B contour stations that were classified as iter zero. of DSEs used to compute the surcharge. formula outlined in block D, section 3 or 4 of part 7 of this gures applicable to the particular group. You do not need to show	
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 1: Enter the VHF DSEs
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for of in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown ∌ 7)