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

SA3E Long Form

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2021/1 Accounting Period Instructions: B Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. 851 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Alliance Communications Cooperative, Inc. 851202101 851 2021/1 **PO Box 349** Garretson, SD 57030 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code) D Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. Area Served CITY OR TOWN STATE Garretson SD First 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 SUB GRP# Alda MD Α Sample Alliance MD в 2 Gering MD в 3 Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/19/2021

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FORM SA3E. PAGE 1b.				1
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Alliance Communications Cooperative, Inc.			851	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorpor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first of system identification hereafter known as the "first community." Please use it as the first Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	orated communiti st community that st community on	es within unincorp you list will serve all future filings.	orated as a form	D Area Served
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community	e column blank. I levant community	f you report any st y with a subscriber	ations ⁻ group,	
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b		up designated by	a number	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-
Garretson	SD	Α	1	First
Sherman	SD	Α	1	Community
Brandon	SD	Α	1	_
Corson	SD	Α	1	
Valley Springs	SD	Α	1	
Baltic	SD	Α	1	See instructions for
Crooks	SD	Α	1	additional information
Hudson	SD	Α	1	on alphabetization.
Hills	MN	Α	4	
Steen	MN	Α	4	
Jasper	MN	Α	4	
Beaver Creek	MN	Α	4	Add rows as necessary.
Hardwick	MN	Α	4	
Magnolia	MN	Α	4	
Kanaranzi	MN	Α	4	
Kenneth	MN	Α	4	
Larchwood	IA	В	2	
Lester	IA	В	2	
Inwood	IA	В	2	
Alvord	IA	В	2	
Sioux County	IA	С	5	
Alcester	SD	С	3	
		I		1

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Name	LEGAL NAME OF OWNER OF CABL							3	121	EM ID
	Alliance Communicatio	ns Coopera	ative, l	nc.						85
_	SECONDARY TRANSMISSION	SERVICE: S	UBSCR	BERS AND RA	TES					
E	In General: The information in s			-	-	ry transmission	service of	the cable		
	system, that is, the retransmissi	on of televisio	n and ra	dio broadcasts b	by your s	ystem to subsci	ribers. Give	e information		
Secondary	about other services (including						those exis	ting on the		
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Bot	•						-		
scribers and Rates	down by categories of secondar each category by counting the r									
Nates	separately for the particular serv		•	0,0		•	•	scharged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	l. (Example: "\$	20/mth"). Summarize ar	ny standa	ard rate variatio	ns within a	particular rate		
	category, but do not include dise				-					
	Block 1: In the left-hand block			-		-				
	systems most commonly provid									
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca					0				
	first set" and would be counted									
	Block 2: If your cable system	0			• • •	n service that ar	e different	from those		
	printed in block 1 (for example,									
	with the number of subscribers	and rates, in th	ne right-l	hand block. A tw	o- or thre	ee-word descrip	tion of the	service is		
	sufficient.	2014 4		<u></u>			DI 00			
	BLC	OCK 1 NO. OF	. 1				BLOC	K 2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	F	RATE
	Residential:									
	Service to first set				Basic			6,048	\$	49.9
	 Service to additional set(s) 			I	Basic			527	\$	57.9
	• FM radio (if separate rate)			I	Elite			4,738	\$	15.0
	Motel, hotel		4	\$ 9.00 <mark> </mark>	Limited			3	\$	11.9
	Commercial			I	Limited			35	\$	9.9
	Converter			I	Nursing	Home		49	\$	7.0
	Residential			1	Nursing Home 3				\$	9.0
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TR	ANSMIS	SSIONS: RATES	6					
F	In General: Space F calls for ra									
•	not covered in space E, that is,					,	,			
Services	service for a single fee. There a furnished at cost or (2) services									
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the		,	, ,,				,		
Transmissions:	Block 1: Give the standard ra									
Rates	Block 2: List any services that				-	-				
	listed in block 1 and for which a		-		shed. List	t these other se	rvices in th	e form of a		
	brief (two- or three-word) descri	ption and inclu	de the r	ate for each.						
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERV	/ICE	RATE	CATEGO	RY OF SERVICE	F	RATE
	Continuing Services:		Installa	ation: Non-resid	dential					
	• Pay cable			tel, hotel			НВО		\$	16.9
	 Pay cable—add'l channel 			mmercial			Cinemax	(\$	12.9
	Fire protection			y cable			Showtim	10	\$	16.9
	•Burglar protection		-	y cable-add'l cha	annel		Starz/En		\$	12.9
	Installation: Residential			e protection			Mainten	ance Plan	\$	2.0
	• First set	\$ 51.00		rglar protection						
	 Additional set(s) 	\$ 26.00		services:						
	• FM radio (if separate rate)		•Re	connect		\$ 35.00				
	• Converter		• Dis	connect						
			• Out	tlet relocation						
			• Mo	ve to new addre	22					
					00	I I				

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#

LLGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM	ID#	
Alliance Comm	unications	Cooperativ	ve, Inc.			851	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
carried by your cable s	ystem during t	he accountin	g period except	(1) stations carr	ns and low power television stations) ied only on a part-time basis under		G
					ertain network programs [section: ; and (2) certain stations carried on a		Primary
substitute program bas				a corried by you	r cable system on a substitute program		Transmitters:
basis under specific FC				is carried by your	cable system on a substitute program		Television
 Do not list the station 	here in space	G-but do lis		the Special State	ment and Program Log)—if the		
,	and also in spa	ace I, if the st			stitute basis and also on some othe) of the general instructions located		
in the paper SA3 for		aign Do not	report originatio	n program cond	-		
		-	•		ces such as HBO, ESPN, etc. Identify nation. For example, report multi		
	-2". Simulcast	streams mus	t be reported in	i column 1 (list ea	ach stream separately; for example		
WETA-simulcast). Column 2: Give the	e channel numl	ber the FCC	has assigned to	the television st	ation for broadcasting over-the-air ir		
•	•		nannel 4 in Was	hington, D.C. Th	is may be different from the channe		
educational station, by	in each case v entering the le	whether the s etter "N" (for r	network), "N-M"	(for network mul	dependent station, or a noncommercia ticast), "I" (for independent), "I-M		
For the meaning of the					commercial educational multicast) the paper SA3 form		
Column 4: If the sta	ation is outside	the local ser	vice area, (i.e.	"distant"), enter "	Yes". If not, enter "No". For an ex		
planation of local servic Column 5: If you ha	<i>,</i> 1	0 ()	0		he paper SA3 form 5, stating the basis on which you		
•		-	• •	•	entering "LAC" if your cable system		
carried the distant station For the retransmissi	•				el capacity Ity payment because it is the subjec		
-					•		
the cable system and a	a primary trans	mitter or an a	association repr	esenting the prin	nary transmitter, enter the designa		
the cable system and a tion "E" (exempt). For s explanation of these th	a primary trans simulcasts, also ree categories	mitter or an a o enter "E". If , see page (v	association repr f you carried the /) of the genera	esenting the prin channel on any l instructions loca	ary transmitter, enter the designa other basis, enter "O." For a furthe ated in the paper SA3 form		
the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	a primary trans simulcasts, also ree categories e location of ea	mitter or an a o enter "E". If , see page (v ich station. Fo	association repr f you carried the /) of the genera or U.S. stations	esenting the prin channel on any l instructions loca , list the commun	ary transmitter, enter the designa other basis, enter "O." For a furthe ated in the paper SA3 form hity to which the station is licensed by the		
the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	a primary trans simulcasts, also ree categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v , ch station. Fe ons, if any, giv	association repr f you carried the /) of the genera or U.S. stations //e the name of	esenting the prin e channel on any l instructions loca , list the commun the community w	ary transmitter, enter the designa other basis, enter "O." For a furthe ated in the paper SA3 form lity to which the station is licensed by the ith which the station is identified		
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FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	

	NER OF CABLE SY				SYSTEM ID	Namo
Alliance Comm	nunications	Cooperati	ve, Inc.		851	
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
carried by your cable FCC rules and regulat 76.59(d)(2) and (4), 70 substitute program ba	system during t tions in effect of 6.61(e)(2) and (sis, as explaine	he accountin n June 24, 19 (4), or 76.63 ed in the next	g period except 981, permitting t (referring to 76.0 paragraph	(1) stations carr the carriage of ce 61(e)(2) and (4))]	ns and low power television stations) ied only on a part-time basis under ertain network programs [section: ; and (2) certain stations carried on a r cable system on a substitute program	G Primary Transmitters:
 basis under specifc FG Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for 	CC rules, regula n here in space l only on a subs and also in spa nformation conc prm.	ations, or aut G—but do lis titute basis ace I, if the st cerning subst	horizations: st it in space I (t tation was carrie itute basis statio	he Special State ed both on a subs ons, see page (v)	ment and Program Log)—if the stitute basis and also on some othe of the general instructions located	Television
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit A-2". Simulcast	h a station ad streams mus	ccording to its o at be reported in	ver-the-air design column 1 (list ea	ces such as HBO, ESPN, etc. Identify nation. For example, report multi ach stream separately; for example	
its community of licens on which your cable s Column 3: Indicate educational station, by	se. For example ystem carried the in each case way y entering the le	e, WRC is Ch he station whether the s etter "N" (for r	nannel 4 in Was station is a netw network), "N-M"	hington, D.C. Th rork station, an in (for network mul	ation for broadcasting over-the-air ir is may be different from the channe dependent station, or a noncommercia ticast), "I" (for independent), "I-M commercial educational multicast)	
For the meaning of the Column 4: If the st planation of local serv Column 5: If you h	ese terms, see tation is outside rice area, see pa nave entered "Y	page (v) of the the local sen age (v) of the es" in column	ne general instru rvice area, (i.e. ' general instruc n 4, you must co	uctions located in "distant"), enter " ctions located in t complete column 5	the paper SA3 form Yes". If not, enter "No". For an ex	
of a written agreemen	sion of a distant it entered into o	t multicast str n or before J	ream that is not une 30, 2009, b	subject to a roya between a cable s	Ity payment because it is the subjec system or an association representin	
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FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#		
Alliance Comm	Name						
PRIMARY TRANSMITTERS: TELEVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:							
Do not list the station	here in space	G-but do lis		the Special State	ment and Program Log)—if the		
basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast).	and also in spa formation cond rm. h station's call associated wit 2". Simulcast	ace I, if the st cerning subst sign. Do not h a station ao streams mus	itute basis station report origination coording to its o t be reported in	ons, see page (v on program servi ver-the-air desig i column 1 (list ea	stitute basis and also on some othe) of the general instructions located ces such as HBO, ESPN, etc. Identify nation. For example, report multi ach stream separately; for example ation for broadcasting over-the-air ir		
on which your cable sy Column 3: Indicate educational station, by (for independent multid For the meaning of the Column 4: If the st planation of local servi Column 5: If you had cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	vstem carried t in each case entering the lo cast), "E" (for n use terms, see ation is outside ce area, see p ave entered "Y ne distant stati ion on a part-ti ion of a distan entered into c a primary trans simulcasts, also rece categories e location of ea Canadian station	he station whether the s etter "N" (for r ioncommercia page (v) of the the local ser age (v) of the ces" in column on during the me basis bec t multicast str n or before J smitter or an a o enter "E". If a, see page (v ach station. F ons, if any, gi	station is a netw network), "N-M" al educational), ne general instru- vice area, (i.e. e general instruct a cocounting per cause of lack of ream that is not une 30, 2009, b association repr f you carried the /) of the genera or U.S. stations we the name of	vork station, an in (for network mul or "E-M" (for nor uctions located in "distant"), enter " ctions located in to omplete column s riod. Indicate by a activated channel subject to a roya between a cable s resenting the print e channel on any l instructions loca , list the community w	Yes". If not, enter "No". For an ex the paper SA3 form 5, stating the basis on which you entering "LAC" if your cable systen el capacity alty payment because it is the subjec system or an association representin mary transmitter, enter the designa other basis, enter "O." For a furthe ated in the paper SA3 form hity to which the station is licensed by the vith which the station is identifec		
		CHANN	EL LINE-UP	С			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
KTIV-NBC	4.1	N	No		Sioux City, IA		
KTTW-This TV	7.2	I-M	Yes	0	Sioux Falls, SD		
KTTW-Cozi	7.3	I-M	Yes	0	Sioux Falls, SD		
KCAU-ABC	9.1	N	No		Sioux City, IA		
KSMN	10.1	Е	Yes	0	Worthington, MN		
KELO-CBS	11.1	N	Yes	0	Sioux Falls, SD		
KELO-My UTV	11.2	I-M	Yes	0	Sioux Falls, SD		
KSFY-ABC	13.1	N	Yes	0	Sioux Falls, SD		
KSFY-CW	13.2	I-M	Yes	0	Sioux Falls, SD		
KSFY-Me TV	13.3	I-M	Yes	0	Sioux Falls, SD		
KMEG-CBS	14.1	N	No		Sioux City, IA		
KCSD	24.1	Е	Yes	0	Sioux Falls, SD		
KCSD-EW	24.2	E-M	Yes	0	Sioux Falls, SD		
KCSD-EC	24.3	E-M	Yes	0	Sioux Falls, SD		
КСРО	26	I	No		Sioux Falls, SD		
KSIN	27	Е	No		Sioux City, IA		
KPTH-Fox	44.1	N	No		Sioux City, IA		
KDLT-Antenna T	46.2	I-M	Yes	0	Sioux Falls, SD		

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AF	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		6. LOCATION OF STATION
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Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
				· · · · · · · · · · · · · · · · · · ·

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		6. LOCATION OF STATION
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Primary

Transmitters:

Television

FORM SA3E. PAGE 3.			
LEGAL NAME OF OWNER OF	CABLE SYSTEM:	SYSTEM ID#	
Alliance Communio	ations Cooperative, Inc.	851	Name
PRIMARY TRANSMITTERS:	ELEVISION		
1 /	ntify every television station (including translator stations and	,	G

carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on *ε* substitute program basis, as explained in the next paragraph **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	4. DISTANT? (Yes or No)		6. LOCATION OF STATION

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		6. LOCATION OF STATION
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Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Norma
Alliance Communications Cooperative, Inc.	851	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power televis carried by your cable system during the accounting period except (1) stations carried only on a part-time b	,	G

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

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

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

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

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

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

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	4. DISTANT? (Yes or No)		6. LOCATION OF STATION
			, ,	
	•			
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Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		6. LOCATION OF STATION
	I	Ι	I		

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
					· · · · · · · · · · · · · · · · · · ·

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

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

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

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

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

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

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		CHANN	EL LINE-UP	AN	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		6. LOCATION OF STATION
				(

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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		CHANN	EL LINE-UP	AO	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		6. LOCATION OF STATION
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	I	I			

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		6. LOCATION OF STATION
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Primary

Transmitters:

Television

FORM SA3E. PAGE 3.			
LEGAL NAME OF OWNER OF	CABLE SYSTEM:	SYSTEM ID#	
Alliance Communic	ations Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
		I	I		

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Alliance Communications Cooperative, Inc.	851	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period except (1) stations carried only on a part-time basis	,	G

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on ε substitute program basis, as explained in the next paragraph **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

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

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

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

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

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

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		6. LOCATION OF STATION
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Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		6. LOCATION OF STATION
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Primary

Transmitters:

Television

FORM SA3E. PAGE 3.			
LEGAL NAME OF OWNER OF	CABLE SYSTEM:	SYSTEM ID#	
Alliance Communic	ations Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		6. LOCATION OF STATION
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Primary

Transmitters:

Television

I	FORM SA3E. PAGE 3.		
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
	Alliance Communications Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	4. DISTANT? (Yes or No)		6. LOCATION OF STATION

Primary

Transmitters:

Television

	FORM SA3E. PAGE 3.		
ſ	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
	Alliance Communications Cooperative Inc	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		6. LOCATION OF STATION
				, , ,	
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	I	I			

ACCOUNTING FER	.00. 2021, 1								FORM SASE. FAGE 4.
Name	LEGAL NAME OF	OWNER OF CAB	LE SYSTE	EM:					SYSTEM ID#
Name	Alliance Co	mmunicati	ons Co	ooperative, Inc.					851
н		st every radio	station c) arried on a separate and disc enerally receivable" by your					
Primary	Special Instru	ctions Conce	erning A	II-Band FM Carriage: Under	r C	Copyright Office	regulations,	an FM s	ignal is generally
Transmitters: Radio	receivable if (1) on the basis of For detailed inf located in the p Column 1: 1 Column 2: 5) it is carried b monitoring, to formation abou paper SA3 form dentify the cal State whether	y the sy be rece ut the the n. I sign of the stati	stem whenever it is received sived at the headend, with the e Copyright Office regulations each station carried. on is AM or FM.	lat es so	t the system's h system's FM ar on this point, se	neadend, and ntenna, during ee page (vi) of	(2) it can certain the gen	n be expected, stated intervals. eral instructions
			-	nal was electronically proces		ed by the cable	e system as a	separate	e and discrete
				ck mark in the "S/D" column.					
				tion (the community to which				CC or, i	n the case of
	Mexican or Car	nadian station	s, if any	, the community with which th	he	station is ident	ified).		
			C/D						
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	4	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2021/1
LEGAL NAME OF OWNER OF Alliance Communicati					S	BYSTEM ID# 851	Name
SUBSTITUTE CARRIAG	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG	ì			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations	. For a further	Substitute
1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				Carriage:
 During the accounting per broadcast by a distant star 		ir cable system	n carry, on a substitute bas	is, any nonno	etwork television progra	m XNo	Special Statement and Program Log
Note: If your answer is "No	," leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	nust complete the progra	am	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informat titles, for example, "I Love I Column 2: If the programan Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes, stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant stat egulations, c tition. Do no Lucy" or "NE n was broad sign of the adcast station had an station th and day ve "5/7." es when the . Example: a er "R" if the and regulation rogramming	am on a separa attach addition nnetwork telev ion and that your authorization to use general of A Basketball: doast live, ente station broadca on's location (the ons, if any, the when your sys a substitute pro a program carri- listed program ons in effect du	al pages. ision program (substitute pour cable system substitute is. See page (vi) of the ger categories like "movies", o 76ers vs. Bulls." rr "Yes." Otherwise enter "I asting the substitute progra he community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01: h was substituted for progra	brogram) that ad for the pro- neral instructi r "basketball" No." am. station is lice station is lice program. Use cable system 15 p.m. to 6: amming that d; enter the le	t, during the accounting gramming of another sta ons located in the paper '. List specific program ensed by the FCC or, in entified). e numerals, with the mo n. List the times accurate 28:30 p.m. should be your system was require etter "P" if the listed pro	ation r nth ely	
s	UBSTITUT	E PROGRAM	I		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					_		
					_	"	
					_		
						"	
						"	
						"	
						"	

Name				Inc.				 SY	STEM ID# 851
J Part-Time Carriage Log	In General: Th time carriage du hours your syst Column 1 (C column 5 of spa Column 2 (E curred during th • Give the mont "4/10." • State the start television statio "app." Example	RT-TIME CARRIAGE LOG General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- e carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and urs your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in umn 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- red during the accounting period. ive the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give 10." tate the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the evision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation p." Example: "12:30 a.m 3:15 a.m. app." ou may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED							
	Column 5 or space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE CALL SIGN WHEN CARRIAGE OCCURRED HOURS HOURS CALL SIGN							RED	

-	SA3E. PAGE 7.		
	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 851	Name
	ance Communications Cooperative, Inc.	001	
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you file and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's second dentified in space E) during the accounting period. For a further explanation of how to co (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. DRTANT: You must complete a statement in space P concerning gross receipts.	dary transmission service	K Gross Receipts
		(Fundament groot recorpto)	
 Instruct Com Com If yo fee f If yo 	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amore rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable part impanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ϵ 3 below.	entered on line 1 of	
3 be			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be entered on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee i system's gross receipts for the accounting period.	s 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K. Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here.	<u>\$ 2,473,998.09</u>	
	This is your minimum fee.	\$ 26,323.34	
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule.	n 4, you must check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.	\$ 13,637.35	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.	0.00	
	Line 3. Add lines 1 and 2 and enter here.	\$ 13,637.35	
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.	\$ 26,323.34	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 27,048.34	form for submitting the
	EFT Trace # or TRANSACTION ID # 26T2GE8R		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions tal		

ACCOUNTING PERIOD: 2021/1

		FORM SA3E. PAGE 8
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 851
	Alliance Communications Cooperative, Inc.	001
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ations
	1. Enter the total number of channels on which the cable system carried television broadcast stations	22
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	332
Name A M I Channels 1 Channels 1 Individual to Be Contacted for Further Information I Individual to Certification Certification O Certification I Image: Second Sec		605)594-8228
	Name Kari J. Flanagan Telephone (6 Address PO Box 349	5057594-0220
	(Number, street, rural route, apartment, or suite number) Garretson, SD 57030 (City, town, state, zip)	
	Email karif@alliance.coop Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regula	tions.)
•	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.	er of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained h 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)]	nerein
	/s/Kari J. Flanagan	
	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 th button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compat	
	Typed or printed name: Kari J. Flanagan	
	Title: CFO (Title of official position held in corporation or partnership)	
	Date: August 18, 2021	
form in order to proc numbers. By providi search reports prepa	ce: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information ocess your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, a ding PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's pared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and i of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lay	address, and telepho public indexes anc

LEGAL NAME OF OWNER OF CABLE SYSTEM:	5	SYSTEM ID#	
Alliance Communications Cooperative, Inc.		851	Name
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the g service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receivin For more information on when to exclude these amounts, see the paper SA3 form. During the accounting period did the cable system exclude any a	n 111(d)(1)(A), of the Copyright Act by adding the for ross amounts paid to the cable system for the basic proadcast transmitters, the system shall not include ig secondary transmissions pursuant to section 119. e note on page (vii) of the general instructions in the	sub- "	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below			
Name Mailing Address	Name Mailing Address		
INTEREST ASSESSMENTS			
You must complete this worksheet for those royalty payments su For an explanation of interest assessment, see page (viii) of the		ent.	Q
Line 1 Enter the amount of late payment or underpayment	x		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum her	re	- days	
Line 3 Multiply line 2 by the number of days late and enter the s	sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, blo space L (page 7)		 narge)	
* To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensir		ase	
** This is the decimal equivalent of 1/365, which is the interest	st assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of ac please list below the owner, address, first community served, acc filing.		nal	
Owner Address			
First community served Accounting period ID number			
Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the	Copyright Office to collect the personally identifying information	(PII) requested on th	

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

FORM SA3E. PAGE9.

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, 1981, 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.

EXAMPLE:

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

		Distant Stations Carried		Identification of	of Subscriber	Groups		
In most cases	under current FCC	STATION	DSE	CITY	OUTSIDE LC	DCAL	GRO	SS RECEIPTS
rules, all of F	airvale would be within	A (independent)	1.0		SERVICE AF	REA OF	FROM S	UBSCRIBERS
the local servic	e area of both stations	B (independent)	1.0	Santa Rosa	Stations A, B	, C, D ,E		\$310,000.00
A and C and al	I of Rapid City and Bo-	C (part-time)	0.083	Rapid City	Stations A an	nd C		100,000.00
dega Bay woul	d be within the local	D (part-time)	0.139	Bodega Bay	Stations A an	nd C		70,000.00
service areas o	of stations B, D, and E.	E (network)	<u>0.25</u>	Fairvale	Stations B, D	, and E		120,000.00
		TOTAL DSEs	2.472		TOTAL GRO	SS RECEIPTS		\$600,000.00
Santa Rosa	1/>	Minimum Fee Total Gross	Receipts		\$600,000.00			
Sdilla KUSa	Stations A and C 35 mile zone				x .01064 \$6.384.00			
		First Subscriber Group		Second Subsc	1 - 1		Third Subscriber Group	
	· · ∕	(Santa Rosa)		(Rapid City and	•		(Fairvale)	
	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
	Dadaga	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .010	64 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
	Bodega Bay	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .007	01 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
		Base rate fee	\$6,497.20	Base rate fee	-	\$1,907.71	Base rate fee	\$1,604.03
Statior an 35 mil		Total Base Rate Fee: \$6,4 In this example, the cable s				3, line 1 (page	7)	

ACCOUNTING PERIOD: 2021/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE				S								
I	Alliance Communication	s Cooperativ	e, Inc.			85							
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S:										
	 Add the DSEs of each station. 												
	Enter the sum here and in line 1	l of part 5 of this	schedule.		7.50								
	Instructions:												
2	In the column headed "Call Si	ign": list the call	signs of all distant stations	identified by the	letter "O" in column 5								
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."												
of DSEs for Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs												
Stations	CALL SIGN	DSE	CALL SIGN	DSES	CALL SIGN	DSE							
	KSMN	0.250	CALL SIGN	DSE	CALL SIGN	DSE							
	KCSD												
		0.250											
	KTTW-This TV	1.000											
	KTTW-Cozi	1.000											
	KELO-CBS	0.250											
acossan/	KELO-My UTV	1.000											
Remember to conv all	KSFY-ABC	0.250											
ormula into new	KSFY-CW	1.000											
ows.	KSFY-Me TV	1.000											
0ws.	KDLT-Antenna TV	1.000											
	KCSD-EW	0.250											
	KCSD-EC	0.250											
		0.200											
				1 11									

							DSE SCHEDU	ULE. PAGE 12.	
Name		OWNER OF CABLE SYSTEM: mmunications Coope	erative, Inc.				S	SYSTEM ID# 851	
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		C	ATEGORY LA	C STATIONS: (COMPUTATI	ION OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS (DBY S M (NUMBER DF HOURS STATION DN AIR	4. BASIS OF CARRIAG VALUE	GE VALUE		ε	
			÷	=		X	=		
			÷	=		x	=		
			÷			×			
			+ +			×			
			÷			x x			
			÷			x	=		
			÷	=		x	=		
	Add the DSEs Enter the su Instructions:	S OF CATEGORY LAC S of each station. Im here and in line 2 of p of the call sign of each state	art 5 of this schedu	·		0.00 Programs) if that station:			
 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that stat was carried by your system in substitution for a program that your system was permitted to delete under FCC of DSEs for Substitute-Basis Stations Column 2: For each station give the number of live, nonnetwork programs carried in substitution for program to at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instruct 						to delete under FCC rules d y the word "Yes" in column stitution for programs that column 4. Round to no les	2 of were deleted s than the third	prm).	
		SU	BSTITUTE-BA	SIS STATIONS	S: COMPUT/	ATION 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	
		*		=		÷		=	
		-		-		+			
		÷		Ē		÷			
		- +		=		÷		=	
		÷		=		÷		=	
	Add the DSEs	of each station. Jum here and in line 3 of p		ıle,		0.00			
5 Total Number of DSEs	number of DSE 1. Number o 2. Number o	s applicable to your systen of DSEs from part 2 ● of DSEs from part 3 ●		es in parts 2, 3, and	4 of this schedul	le and add them to provide ▶	7.50 0.00		
	3. Number o	of DSEs from part 4 ●				P	0.00		
	TOTAL NUMBE	ER OF DSEs						7.50	

DSE SCHEDULE. PA		SYSTEM					6		G PERIOD: 2021/1
Alliance Comm			, Inc.				5	851 EM ID#	Name
		-	•						
Instructions: Bloc In block A: • If your answer if " schedule. • If your answer if "	Yes," leave the re	mainder of p	below.			complete part	8, (page 16) of th	e	6
				ELEVISION M				<i></i> .	Computation of 3.75 Fee
	1981?	schedule—D C below.	O NOT COMP	LETE THE REMAI	NDER OF PA	RT 6 AND 7.	CC rules and regul	ations in	
0.1				IAGE OF PERI					
CALL SIGN	under FCC rules	and regulations of the second se	ns prior to Jun dule. (Note: The	bart 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	on of permitted	d stations, see the		
CARRIAGE	 (Note the FCC ru A Stations carrier 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous 	les and regul ed pursuant to on as defined al educationa I station (76.6 r DSE sched ant to individu viously carrie HF station w	ations cited be o the FCC mark l in 76.5(kk) (76 l station [76.59 (see paragr ule). tal waiver of FC d on a part-time tithin grade-B co	e or substitute bas ontour, [76.59(d)(5	e in effect on , .57, 76.59(b),)(1), 76.63(a) i 3(a) referring t stitution of gra	June 24, 1981 76.61(b)(c), 70 referring to 76. to 76.61(d)] ndfathered sta	6.63(a) referring to .61(e)(1) ations in the		
		e stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KSMN KCSD	C	0.25	KTTW-Coz KELO-CBS	M	1.00				
KSFY-ABC	C A	0.25 0.25	KELO-CBS	M A	0.25 1.00				
KCSD-EW	C	0.25	KSFY-CW	M	1.00				
KCSD-EC	С	0.25	KSFY-Me 1	М	1.00				
KTTW-This	Μ	1.00	KDLT-Ante	М	1.00				
								7.50	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this s	schedule			ı 		
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
Line 3: Subtract I (If zero, le				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gros	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply lii	ne 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	l number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Alliance Communications Cooperative, Inc. 851								Name	
		BLOCK	A: TELEV	SION MARKET	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o
									3.75 Fee

LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	Name Alliance Communications Cooperative, Inc. SY:									
 Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage and DSE occurred (e.g., 1981/1). Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). B—Late-night programming: Carriage under FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the basis listed in columns 2 and 5 and list the smaller of the two figures here. This figures should b in block B, column 3 of part 6 for this station. 										
	statement of accou	nt on fle in the Licens	ing Division.							
				ED ON A PART-TIME AN						
	1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE				
		BOL	I EIGOD	OF IT IT IN TOL	DOL	DOL				
				•						
7 Computation of the	In block A: Computation If your answer is "Yes," complete blocks B and C, below.									
Syndicated			BLOCK A: MAJOF	TELEVISION MARKE	ET					
Exclusivity										
Surcharge		-	top 100 major television m	arket as defned by section 7		June 24, 1981?				
	X Yes—Complete	blocks B and C .		No—Proceed to	part 8					
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations	BLOCK	C: Computation of Exer	npt DSEs				
Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Was any station listed in block B of part 7 carried nity served by the cable system prior to March 3 to former FCC rule 76.159)										
	Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8.									
	CALL SIGN	DSE CA	LL SIGN DSE	CALL SIGN	DSE CALL SI	GN DSE				
		↓		┤║└──────────────────						
		TO	TAL DSEs 0.00	J	TOTAL D	SEs 0.00				

DSE SCHEDULE. PAGE 14.

DSE SCHEDULE. PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYS Alliance Communications Cooperative, Inc.	TEM ID# 851	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7) 2,47	3,998.09	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X		
	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)		
	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		
<u> </u>	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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		

ACCOUNTING PERIOD: 2021/1

	. 2021/1	DSE SCHEDULE.	. PAGE 16.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:							
Name		Alliance Communications Cooperative, Inc.	851					
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)						
		Synuicated Exclusivity Surcharge	<u></u>					
8 Computation of Base Rate Fee	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below block B below block B a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers blocated within that station's local service area and others were located outside that area. For the definition of a station's "local a area," see page (v) of the general instructions.							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS						
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?						
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.						
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE						
	Section 1	Enter the amount of gross receipts from space K (page 7).						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)						
	Section 3 If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. A. Multiply line B by line C and enter here.							
		E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00					

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Norra
Alliar	ce Communications Cooperative, Inc. 851	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 S 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-	9
•	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 from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of clusion, you must:	of Dece Data Fac
	- 	Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
	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	Partially Distant
	lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Stations, and
How to	b Identify a Subscriber Group for Partially Distant Stations	for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted Stations
carried	to that community.	
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.)	
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
subscr	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 ber groups.	
In each	section:	
	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 television 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 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.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM II
Name	Alliance Communications Cooperative, Inc.	8
	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 d	listant
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	lotunt
	.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 breadenat eignel. Only the base rate for should be computed for each multicast stream. The 3.75 December 2.75	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNEF Alliance Communi						S	SYSTEM ID# 851	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EA	CH SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	IP		SECOND	SUBSCRIBER GROU	JP	~
COMMUNITY/ AREA South Dakota-No Union County			County	COMMUNITY/ ARE				9 Computatior
CALL SIGN DSE CALL SIGN DSE			DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KSMN	0.25			KSMN	0.25			Base Rate Fe
				KCSD	0.25			and
				KCSD-EW	0.25			Syndicated
				KCSD-EC	0.25			Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	.							
Total DSEs			0.25	Total DSEs			1.00	
Gross Receipts First Gr	oup	\$ 1,630	,639.19	Gross Receipts See	cond Group	\$	341,747.37	
Base Rate Fee First Gr	•		,337.50	Base Rate Fee Se	•	\$	3,636.19	
		SUBSCRIBER GROU	P			SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Union C	County SD		COMMUNITY/ ARE	A Rock Co	ounty MN		
CALL SIGN KSMN	DSE 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTTW-This TV	1.00							
KTTW-Cozi	1.00						•••••	
KELO-CBS	0.25							
KELO-My UTV	1.00							
KSFY-ABC	0.25					-		
KSFY-CW	1.00							
KSFY-Me TV	1.00							
KCSD	0.25							
KCSD-EW	0.25							
KCSD-EC	0.25							
KDLT-Antenna TV	1.00							
Total DSEs			7.50	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 122	,505.21	Gross Receipts For	urth Group	<u>\$</u>	370,568.98	
Base Rate Fee Third Group \$ 5,294.68			,294.68	Base Rate Fee Fourth Group \$ 0.00			0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxe	s above.	\$	13,637.35	

FORM SA3E, PAGE 19	FORM	SA3E.	PAGE	19.
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		Cooperative, Inc.					851	
BL		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	P	
COMMUNITY/ AREA		County IA		COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
KSMN	0.25		201					Base Rate F
KTTW-This TV	1.00							and
KTTW-Cozi	1.00							Syndicated
KELO-CBS	0.25							Exclusivity
KELO-My UTV	1.00							Surcharge
KSFY-ABC	0.25					-		for
KSFY-CW	1.00							Partially
KSFY-Me TV	1.00					-		Distant
	0.25					-		Stations
KCSD-EW	0.25							
KCSD-EC KDLT-Antenna TV	0.25 1.00							
	1.00					-		
Fotal DSEs	11		7.50	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$ 8,	537.34	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	368.98	Base Rate Fee Second	nd Group	\$	0.00	
S	EVENTH	SUBSCRIBER GROU	IP		EIGHTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
						-		
				1	· · · · · · · · · · · · · · · · · · ·	H	•••••	
Fotal DSEs			0.00	Total DSEs			0.00	
	oup	<u>\$</u>	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
Total DSEs Gross Receipts Third Gr Base Rate Fee Third Gr		<u></u>			-	<u>\$</u>		
Gross Receipts Third Gr			0.00	Gross Receipts Fourt	-		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt Base Rate Fee Fourt	h Group		0.00	

LEGAL NAME OF OWNER Alliance Communi						S	SYSTEM ID# 851	Name
В				ATE FEES FOR EAC				
COMMUNITY/ AREA	NINTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
			•				•	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
						_		Partially
								Distant
								Stations
		[
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	-	\$	0.00	Base Rate Fee Seco		\$	0.00	
E COMMUNITY/ AREA	LEVENIH	SUBSCRIBER GROU	<u>مر</u> 0	COMMUNITY/ AREA		SUBSCRIBER GROU	مر 0	
COMMONT IT AREA			v	CONNORT I/ AREA			v	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
	17	·				·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes	above.	s		
	J, III E I, S	pace L (page /)				4		

Name	SYSTEM ID# 851	5			•			LEGAL NAME OF OWNE Alliance Commun
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION C	BLOCK A:	В
9		SUBSCRIBER GROU	RTEENTH			H SUBSCRIBER GRO		
Computati	0		COMMUNITY/ AREA	0		OMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi								
Surcharg for		_						
Partially		-				**		
Distant								
Stations		_						
		-						
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	Group	Gross Receipts First G
	0.00	\$		Base Rate Fee Second	0.00	\$	-	Base Rate Fee First G
		SUBSCRIBER GROU	XTEENTH	4		H SUBSCRIBER GRO		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						I		
	0.00			Total DSEs	0.00	u		otal DSEs
	0.00	¢	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00	φ	Cicap					

LEGAL NAME OF OWN			C			S	SYSTEM ID# 851	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAG		RIBER GROUP		
		SUBSCRIBER GRO		1		I SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA	۸ 	0		COMMUNITY/ ARE	Computation			
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								Base Rate Fe
								and
		-						Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
		-						Stations
		1						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
							I	
		SUBSCRIBER GRO				I SUBSCRIBER GROU		
COMMUNITY/ AREA	•		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+						
		+						
		-						
]						
Total DSEs		U	0.00	Total DSEs		11	0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
			criber group	as shown in the boxes	s above.			
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$		

Na	YSTEM ID# 851				C.	Cooperative, Inc	OF OWNER OF CAB	
				TE FEES FOR EAC				
ç	JP 0	SUBSCRIBER GROU	Y-SECOND	TWENT	OUP 0	SUBSCRIBER GRO		T COMMUNITY/ AR
Comp	U				U			
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	0.00			Total DSEs	0.00			Total DSEs
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					0.00			Paga Bata Eag Ei
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	ee First Group	Dase Rale Fee Fi
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							TWENTY-THIRE	T
	IP			TWEN	OUP		TWENTY-THIRE Y/ AREA	T
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA	T COMMUNITY/ AR CALL SIGN
	 _	SUBSCRIBER GROU	Y-FOURTH	COMMUNITY/ AREA		SUBSCRIBER GRO	TWENTY-THIRE Y/ AREA N DSE	T COMMUNITY/ AR

	YSTEM ID# 851					E SYSTEM: Cooperative, Inc		Alliance Communi	
				TE FEES FOR EACH					
9	JP 0	SUBSCRIBER GROU	NTY-SIXTH	TWE COMMUNITY/ AREA	JP 0	SUBSCRIBER GRC	TY-FIFTH	TWEN	
Computat	U				U				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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Station									
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	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	iross Receipts First Gr	
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	JP	SUBSCRIBER GROU	Y-EIGHTH	TWEN	JP	SUBSCRIBER GRO	SEVENTH	TWENTY-	
	0	COMMUNITY/ AREA 0				0		OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						+			
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	0.00	s	Group	Total DSEs Gross Receipts Fourth	0.00	s	roup	otal DSEs iross Receipts Third G	

LEGAL NAME OF OWI		Cooperative, Inc					SYSTEM ID# 851
τ\λ/ε		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EA			ID
		SUBSCRIDER GRU	0P 0	THIRTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
	1	Ш. е					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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		-					
tal DSEs			0.00	Total DSEs			0.00
oss Receipts First	Group	\$	0.00	Gross Receipts Second Group		\$ 0.00	
se Rate Fee First	Group	\$	0.00	Base Rate Fee Second Group \$ 0.00			
TH	IRTY-FIRST	SUBSCRIBER GRO		THIRTY-SECOND SUBSCRIBER GROUP			
MMUNITY/ AREA	•		0	COMMUNITY/ ARE	A		0
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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			0.00				0.00
tal DSEs				Total DSEs			
oss Receipts Thirc	Group	\$	0.00	Gross Receipts Fou	inn Group	\$	0.00
	Crown			Page Date Fra F	urth Crown		0.00
ase Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	arui Group	\$	0.00
			criber group	as shown in the boxe	s above.		
er here and in blo	UK 3, III e 1, S	pace ∟ (page /)				\$	

				TE FEES FOR EACH				
ģ	P 0					SUBSCRIBER GRC		THIF
Comp	v	COMMUNITY/ AREA 0						
c	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R ar								
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Exclu								
Surch fo								
Parti		-						
Dist								
Statio		-				+		
		-						
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	st Group	ross Receipts First G
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	st Group	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secor	0.00	\$	st Group	ase Rate Fee First G
	0.00		d Group	Base Rate Fee Secor	0.00 UP		st Group THIRTY-FIFTH	ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secor	0.00	\$	st Group THIRTY-FIFTH	ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secor	0.00 UP	\$	st Group THIRTY-FIFTH	ase Rate Fee First G THI OMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	ase Rate Fee First G THI OMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	ase Rate Fee First G THI DMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	ase Rate Fee First G THI OMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	ase Rate Fee First G THI OMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	ase Rate Fee First G THI OMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	ase Rate Fee First G THI OMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	ase Rate Fee First G THI OMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	ase Rate Fee First G THI OMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	Sross Receipts First G
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	ase Rate Fee First G THI OMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	ase Rate Fee First G THI OMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH	Base Rate Fee Secor THI COMMUNITY/ AREA	0.00	\$	st Group THIRTY-FIFTH EA	ase Rate Fee First G
	0.00 P 0 DSE	SUBSCRIBER GROU	d Group RTY-SIXTH DSE	Base Rate Fee Secon THI COMMUNITY/ AREA CALL SIGN	0.00	\$	st Group THIRTY-FIFTH EA DSE	ase Rate Fee First G THI OMMUNITY/ AREA CALL SIGN CALL SIGN DIAL DSES
	0.00 P 0 DSE 0 0 0 0.00	SUBSCRIBER GROU	d Group RTY-SIXTH DSE	Base Rate Fee Secor THI COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GRC	st Group THIRTY-FIFTH EA DSE	ase Rate Fee First G THI COMMUNITY/ AREA

FORM SA3E.	PAGE	19.
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER OF THIRTY-SEVENTH SUBSCRIBER GROUP THIRTY-SEVENTH SUBSCRIBER GROUP THIRTY-EIGHTH SUBSCRIBER OF COMMUNITY/ AREA COMMUNITY/ AREA O COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CAL ALL SIGN DSE CALL SIGN DSE CAL	BER GROUP 9 0 Computation L SIGN DSE Base Rate F and Syndicated Exclusivity Surcharge Surcharge
COMMUNITY/ AREA 0 COMMUNITY/ AREA	0 9 Computation of Base Rate F and Syndicated Exclusivity Surcharge
	Computation L SIGN DSE of Base Rate F and Syndicated Exclusivity Surcharge
	L SIGN DSE of Base Rate F and Syndicated Exclusivity Surcharge
	and Syndicated Exclusivity Surcharge
	Syndicated Exclusivity Surcharge
	Exclusivit Surcharge
	Surcharge
	for
	Partially
	Distant
	Stations
Total DSEs Total DSEs	0.00
Gross Receipts First Group	0.00
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBS	RIBER GROUP
COMMUNITY/ AREA 0 COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CA	L SIGN DSE
Total DSEs Total DSEs	0.00
Gross Receipts Third Group <u>\$ 0.00</u> Gross Receipts Fourth Group <u>\$</u>	0.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$	0.00

r							851	
		SUBSCRIBER GRO		TE FEES FOR EACH		SUBSCRIBER GROU	JP	-
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
						-		for Partially
		-				-		Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
•						<u>·</u>		
ase Rate Fee First G	iroup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	≀TY-THIRD	SUBSCRIBER GRO			Y-FOURTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Fotal DSEs			0.00	Total DSEs			0.00	
	∋roup	s	0.00	Total DSEs Gross Receipts Fourth	Group	S	0.00	
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Illiance Commun		E SYSTEM: Cooperative, Inc					BYSTEM ID# 851
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tal DSEs			0.00	Total DSEs 0.00			
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se Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
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se Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00
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Alliance Communication	BLE SYSTEM: IS Cooperative, Inc	c.				SYSTEM ID# 851	Nam
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-FIF	TH SUBSCRIBER GRO	OUP		FIFTY-SIXTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE/	A	0		
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Fotal DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Four	in Group	·	0.00	

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LEGAL NAME OF OWN Alliance Commu			C.			S	SYSTEM ID# 851	Name
				TE FEES FOR EAG		IBER GROUP		
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTY-NINTH	SUBSCRIBER GRO	OUP		SIXTIETH	I SUBSCRIBER GROL	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+				•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Alliance Communications Cooperative, Inc. 851								
		IBER GROUP	SUBSCR	TE FEES FOR EACH	F BASE RA	COMPUTATION (BLOCK A:	I	
<u> </u>		SUBSCRIBER GROU	Y-SECOND			T SUBSCRIBER GRO			
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EGAL NAME OF OWNER							SYSTEM ID# 851	
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ross Receipts First Gro	aun	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
	μp	<u>*</u>	0.00			÷		
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU		1		I SUBSCRIBER GROUP		
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
ase Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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	bace	food for each with	ribor ar	II as shown in the boxes	abova			

LEGAL NAME OF OWN			с.			S	SYSTEM ID# 851	Name
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	Croup	*	0.00		rth Croup	¢	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	iai Gioup	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add	the base rat	te fees for each sub-	scriber aroun	as shown in the boxes	s above.			
		space L (page 7)				\$		

Name	YSTEM ID# 851	S						LEGAL NAME OF OWNE
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION C	BLOCK A:	В
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	IP	SUBSCRIBER GROU		SEVEN	IP	SUBSCRIBER GRO		SEVEN
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LEGAL NAME OF OWN			с.			S	BYSTEM ID# 851	Name
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otal DSEs			0.00	Total DSEs			0.00	
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Fotal DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Baco Bato Eco: Add	the hace re-	to foos for each auto		as shown in the boxes	abovo			
		space L (page 7)	scriber group a		S ADUVE.	\$		

LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
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Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	<u>\$</u>	0.00	
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		Cooperative, Inc					851	Name
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se Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
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		Cooperative, Inc					851	Name
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Base Rate Fee: Add the base rate fees for each subscriber group Enter here and in block 3, line 1, space L (page 7)				as shown in the boxes	above.	\$		
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EGAL NAME OF OWNE		E SYSTEM: Cooperative, Inc.				5	SYSTEM ID# 851
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Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-FOURTH	SUBSCRIBER GROUP		
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Total DSEs			0.00	Total DSEs			0.00	
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LEGAL NAME OF OWN						S	BYSTEM ID# 851	Name
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		SUBSCRIBER GROUP		ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP				9
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Name	YSTEM ID# 851	S). 	Cooperative, Inc	nunications	EGAL NAME OF OWN
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Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Zana Data Essa A 1	the bees	o food for an	oribor arrest	as shown in the boxe	above			

FORM SA3E. PAGE 19.

and Syndicated	LEGAL NAME OF OWNE Alliance Commun						S	YSTEM ID# 851	Name
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. \$ 0.00 \$	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				iber group	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER						SY	STEM ID# 851	Name
				TE FEES FOR EACH	SUBSCR	BER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU			FIFTIETH	SUBSCRIBER GROUP	•	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
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								for
								Partially
								Distant Stations
		-				=		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	-	\$	0.00	Base Rate Fee Second		\$	0.00	
	TY-FIRST	SUBSCRIBER GROU			-SECOND	SUBSCRIBER GROUP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						_		
						_		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			iber group	as shown in the boxes at	oove.			
Enter here and in block	s, iine 1, s	pace ∟ (page /)				\$		

FORM SA3E. PAGE 19	FORM	SA3E.	PAGE	19.
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LEGAL NAME OF OWNER Alliance Communi						SY	STEM ID# 851	Name
				TE FEES FOR EACH				
ONE HUNDRED FIFT COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GROU	IP 0	ONE HUNDRED FIFT	Y-FOURTH	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
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								and Sundicated
						-		Syndicated Exclusivity
								Surcharge
						=		for
								Partially Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	bup	<u>\$</u>	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-FIFTH	SUBSCRIBER GROU			FTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the			iber group	as shown in the boxes a	bove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWI Alliance Commu		E SYSTEM: Cooperative, Inc).				SYSTEM ID# 851	Name
				TE FEES FOR EA				
		I SUBSCRIBER GROU		H		I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs	·		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	FIFTY-NINTH	I SUBSCRIBER GROU	Р	ONE HUND	RED SIXTIETH	I SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third				н			-	
Base Rate Fee Third								
				II as shown in the boxe				

LEGAL NAME OF OWNER Alliance Communi						SY	STEM ID# 851	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
	FIRST	SUBSCRIBER GROU	IP			SUBSCRIBER GROUP		0
COMMUNITY/ AREA	South	Dakota-No Union	County	COMMUNITY/ AREA	Lyon Co	ounty IA		9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
ONLE OIGH	DOL	ONLE OIGH	DOL	ONLE OIGH	DOL	ONLE OION	DOL	Base Rate Fee
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						-		
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							0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	<u>\$</u> 1,630,	639.19	Gross Receipts Second	d Group	\$ 34	1,747.37	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	Union	County SD		COMMUNITY/ AREA	Rock Co	ounty MN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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][
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u>\$ 122,</u>	505.21	Gross Receipts Fourth	Group	<u>\$</u> 37	0,568.98	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			iber group	II as shown in the boxes al	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

Alliance Communica	ations C	ooperative, Inc.					SYSTEM ID# 851
BLC				ATE FEES FOR EAC			
		SUBSCRIBER GROU	UP			SUBSCRIBER GROU	
COMMUNITY/ AREA	Sioux C	ounty IA		COMMUNITY/ AREA	4		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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otal DSEs	_		0.00	Total DSEs			0.00
ross Receipts First Grou	ap g	\$ 8	,537.34	Gross Receipts Seco	ond Group	\$	0.00
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ase Rate Fee First Grou	i qı	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
	- L			Base Rate Fee Seco		\$	J.
SE	- L	•		Base Rate Fee Seco	EIGHTH		J.
SE DMMUNITY/ AREA	- L	•	UP		EIGHTH		JP
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SE OMMUNITY/ AREA	EVENTH S	SUBSCRIBER GROU	UP 0	COMMUNITY/ ARE/	EIGHTH	SUBSCRIBER GROU	JP 0
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SE OMMUNITY/ AREA	EVENTH S	SUBSCRIBER GROU	UP 0	COMMUNITY/ ARE/	EIGHTH	SUBSCRIBER GROU	JP 0
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LEGAL NAME OF OWNEF						SY	STEM ID# 851	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
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				TE FEES FOR EACH				
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ase Rate Fee Third Group s 0.00 Base Rate Fee Fourth Group s 0.00		Gross Receipts Third Gro	up <u>\$</u>		0.00	Gross Receipts Fou	rth Group	\$	0.00	
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EGAL NAME OF OWNER OF CA		с.			S	SYSTEM ID# 851
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ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
NINETY-NIN1	H SUBSCRIBER GRO	OUP	ONE I	HUNDREDTH	SUBSCRIBER GRO	UP
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Alliance Communications Cooperative, Inc. 851								
				E FEES FOR EACH					
9		SUBSCRIBER GROU	ED SIXTH			SUBSCRIBER GROU	ED FIFTH		
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	Р	SUBSCRIBER GROU	DEIGHTH	ONE HUNDRE	JP	SUBSCRIBER GROU	EVENTH	ONE HUNDRED S	
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Name	E OF OWNER OF CABLE SYSTEM: SYSTEM ID# Communications Cooperative, Inc. 851								
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	Р	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Alliance Communications Cooperative, Inc. 851								
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	Ρ	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	IP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF	
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OF CABLE SYSTEM: SYSTEM SYSTEM	EM ID# 851 ^{Nar}
OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
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LEGAL NAME OF OWNE						S	YSTEM ID# 851	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
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T / 1 D D T		11				11	0.00	
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	SYSTEM ID# 851	S						LEGAL NAME OF OWNER Alliance Communic
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с				COMMUNITY/ AREA				COMMUNITY/ AREA
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
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EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Alliance Communications Cooperative, Inc. 851								
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ACCOUNTING PERIOD: 2021/1

ACCOUNTING PERIOR	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20.				
Name	Alliance Communications Cooperative, Inc.	SYSTEM ID# 851				
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	Alliance Communications Cooperative, Inc. BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROWNIC and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:					
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (pag					