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

### SA3E Long Form

#### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/23/22	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	AC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting		2021/2								
Period										
B	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CMN-RUS, INC.									
		CMN-RUS, INC.								
					06263	420212				
					062634	2021/2				
		8837 BOND STREET								
		OVERLAND PARK, KS 66214								
С		STRUCTIONS: In line 1, give any business or trade names used to nes already appear in space B. In line 2, give the mailing address or								
System		IDENTIFICATION OF CABLE SYSTEM:								
- Cyclom	1	ISELITI IGATION OF GASEL STOTE III.								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite number)								
		(City, town, state, zip code)								
D			, amb , tha fust	manualty and a large and a	aliat au					
_		tructions: For complete space D instructions, see page 1b. Identify	only the first com	imunity served below and r	elist on pa	ge 1b				
Area Served	With	n all communities.  CITY OR TOWN	STATE							
First	GREENCASTLE IN									
Community	B	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	SUE	3 GRP#				
Sample	Ald	a	MD	A		1				
Gample	Alli	ance	MD	В		2				
	Ger	ing	MD	В		3				

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

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062634 CMN-RUS. INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Δrea of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE GREENCASTLE IN AA **First** IN **SEYMOUR** AB 2 Community **VINCENNES** IN AC 3 **NORTH VERNON** 2 IN AB MADISON IN AD 4 IN 5 WABASH AΕ See instructions for **NORTH MANCHESTER** IN 6 **AF** additional information on alphabetization. IN 7 HUNTINGTON AG CONNERSVILLE IN AH 8 9 IN **NEW CASTLE** ΑI IN 10 LENBANON ΑJ Add rows as necessary. FRANKLIN IN AK 11 **LAFAYETTE** IN 12 AL CRAWFORDSVILLE IN AM 13 IN AN 14 WESTFIELD **GREENWOOD** IN 11 AK **PLAINFIELD** IL AO 15 IL AP 16 BLOOMINGTON **FISHERS** IN AN 14 **OSWEGO** IL 17 AQ 15 **ROMEOVILLE** IL AO **BATAVIA** IL AR 18 **NORTH AURORA** IL **AR** 18 **SOUTH ELGIN** IL 18 AR 18 ST CHARLES IL **AR** SUGAR GROVE IL AR 18 **GENEVA** IL **AR** 18 **DEKALB** IL AS 19 19 **SYCAMORE** IL AS KY AT 20 LEXINGTON 14 SOUTH INDIANAPOLIS IN AN 17 **PLANO** IL AQ 17 YORKVILLE IL AQ IL 17 SANDWICH AQ 21 **DAVENPORT** IA ΑU MN 22 **ROCHESTER** AV **BETTENDORF** IA ΑU 21 20 **VERSAILLES** KY AT ΚY 20 RICHMOND AT

KY

AT

20

**NICHOLASVILLE** 

AMES	IA	AW	23
ENGLEWOOD	OH	AX	24
CLAYTON	ОН	AX	24
TIPP CITY	ОН	AX	24
<b>TROY</b>	ОН	AX	24
JNION	OH	AX	24
/ANDALIA	OH	AX	24
WEST MILTON	ОН	AX	24
ANSING	MI	AY	25
EAST LANSING	MI	AY	25
TALLAHASSEE	FL	AZ	26
ALBERT LEA	MN	BA	27
AUSTIN	MN	BA	27
BELLE PLAINE	MN	BA	27
BLOOMINGTON	MN	BA	27
FARIBAULT	MN	BA	27
AKEVILLE	MN	BA	27
MANKATO	MN	BA	27
NORTHFIELD	MN	BA	27
DWATONNA	MN	BA	27
ROCHESTER	MN	BA	27
SHAKOPEE	MN	BA	27
VACONIA	MN	BA	27
VASECA	MN	BA	27
ROCK ISLAND	IL	BB	28
AYETTEVILLE	NC	BC	29

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#

062634

## E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2					
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE		
Residential:								
Service to first set	41,859	\$ 10.00	Lifeline Service	-	\$	10.00		
<ul> <li>Service to additional set(s)</li> </ul>			Preferred Digital	13,169	\$	18.95		
<ul> <li>FM radio (if separate rate)</li> </ul>			HD Elite	986	\$	6.95		
Motel, hotel			HD Standard Service	18,772	\$	9.95		
Commercial	931	\$ 10.00	HD Preferred Service	11,434	\$	9.95		
Converter			Residential HD/DVR	22,518	\$	16.95		
Residential	16,996	\$ 4.95	Commercial HD/DVR	59	\$	16.95		
Non-residential	1,437	\$ 4.95						

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	(	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set		Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
• FM radio (if separate rate)		Reconnect	\$ 35.00			
Converter		Disconnect				
		Outlet relocation	\$ 80.00	"		
		Move to new address	\$ 29.95	"		
				l l''		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi 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 WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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 Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CARRIAGE SIGN CHANNEL OF (Yes or No) NUMBER **STATION** (If Distant) **WCLJ** 42 No Bloomington, Indiana I 20 WHMB No Indianapolis, Indiana ı See instructions for WHMB-World Har 40.2 I-M No Indianapolis, Indiana additional information on alphabetization. 9 No WISH ı Indianapolis, Indiana WISH-HD/DT (sim I-M No Indianapolis, Indiana 8.1 WISH-getTV 8.2 I-M No Indianapolis, Indiana WISH-Justice 8.3 I-M No Indianapolis, Indiana 32 No WNDY I Marion, Indiana WNDY-HD/DT (Sir I-M No 23.1 Marion, Indiana WNDY-Bounce T 23.2 I-M No Marion, Indiana Ν WRTV 25 No Indianapolis, Indiana WRTV-HD/DT (Sir 6.1 No N-M Indianapolis, Indiana WRTV-Grit 6.2 I-M No Indianapolis, Indiana WRTV-Laff 6.3 I-M No Indianapolis, Indiana 13 WTHR Ν No Indianapolis, Indiana Indianapolis, Indiana WTHR-HD/DT (Sir 13.1 N-M No WTHR-Cozi TV 13.2 I-M No Indianapolis, Indiana WTHR-Me-TV 13.3 I-M No Indianapolis, Indiana

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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 Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA (2) 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL **CARRIAGE** SIGN CHANNEL OF (Yes or No) NUMBER **STATION** (If Distant) **WIPX** 27 No Bloomington, Indiana ı WIPX-HD/DT (Sim 63.1 I-M No Bloomington, Indiana See instructions for WIPX-Qubo 63.2 I-M No Bloomington, Indiana additional information on alphabetization. WIPX-Ion Life 63.3 I-M No Bloomington, Indiana WTIU 14 Ε No Bloomington, Indiana WTIU-HD/DT (Sim 30.1 E-M No Bloomington, Indiana 48 WTTV Ν No Bloomington, Indiana N-M No WTTV-HD/DT (Sin 4.1 Bloomington, Indiana WTTV - CW 4.2 I-M No Bloomington, Indiana WXIN 45 Т No Indianapolis, Indiana WXIN-HD/DT (Sim 59.1 I-M No Indianapolis, Indiana No WXIN-Antenna T 59.2 I-M Indianapolis, Indiana WXIN-This TV 59.3 I-M No Indianapolis, Indiana

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 **Primary** Transmitters:

substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sir	r 3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce T\		I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	I	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Si	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Si	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sir	32.1	N-M	No		Louisville, Kentucky

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AB (2)	
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
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTIU	14	E	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WBNA	8	1	No		Louisville, Kentucky

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CMN-RUS, INC. 062634	l 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	G

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 in 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AC	
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
WAWV	39	N	No		Terre Haute Indiana
WAWV-HD/DT (Si	39.1	N-M	No		Terre Haute Indiana
WTHI-CBS	10	N	No		Terre Haute Indiana
WTHI-HD/DT (Sim	10.1	N-M	No		Terre Haute Indiana
WTHI-My Fox	10.2	I	No		Terre Haute Indiana
WTVW	28	I	No		Evansville, Indiana
WTVW-HD/DT (Si	7.1	I-M	No		Evansville, Indiana
WTWO	36	N	No		Terre Haute Indiana
WTWO-HD/DT (si	36.1	N-M	No		Terre Haute Indiana
WVUT	22	E	No		Vincennes, Indiana
WVUT-HD/DT (Sir	22.1	E-M	No		Vincennes, Indiana
		•			
		•			

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 **Primary** 

substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sir	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce T\	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	I	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WBNA	8	I	No		Louisville, Kentucky
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Si	9.1	N-M	No		Cincinnati, Ohio
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Si	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Si	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sir	32.1	N-M	No		Louisville, Kentucky
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky

Transmitters: Television

ACCOUNT	ING PERIOD: 2021/2
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CMN-RUS, INC. 062634	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
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	Primary Transmitters: Television
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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AD (2)	
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
WLWT	35	N	No		Cincinnati, Ohio
WLWT-HD/DT (Si	5.1	N-M	No		Cincinnati, Ohio
WKPC	17	Е	No		Lexington, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

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

Transmitters:

**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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Si	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T		I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sin	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	Е	No		Fort Wayne, Indiana
WFYI	21	Е	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	Е-М	Yes	E	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. 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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- 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AE (2)	_
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
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Si	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sir	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Si	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana

G

**Primary** Transmitters: Television

substitute program basis, as explained in the next paragraph

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

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

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- 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. Identificated multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AF	
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
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sir	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	Е	No		Fort Wayne, Indiana
WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	Е	No		Fort Wayne, Indiana
WFWA-4you	39.4	Е	No		Fort Wayne, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sir	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AG	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sir	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	E	No		Fort Wayne, Indiana
WISE	18	l	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sir	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

CHANNEL LINE-UP				AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Si	9.1	N-M	No		Cincinnati, Ohio
WFYI	21	E	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	Е	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLWT	35	N	No		Cincinnati, Ohio

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G

carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 specifc FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AH (2)	
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
WLWT-HD/DT (Si	5.1	N-M	No		Cincinnati, Ohio
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Si	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Si	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sir	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana

**Primary** Transmitters: Television

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	N				
CMN-RUS, INC					062634	Name				
PRIMARY TRANSMITTERS: TELEVISION										
carried by your cable	system during	the accountin	g period except	(1) stations carrie	ns and low power television stations) ed only on a part-time basis undel rtain network programs [section:	G				
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63	(referring to 76.6	-	and (2) certain stations carried on a	Primary Transmitters:				
Substitute Basis S	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 progran									
	n here in space	G—but do li		he Special Stater	nent and Program Log)—if the					
	and also in spanformation cond	ace I, if the st			titute basis and also on some othe of the general instructions located					
		-			es such as HBO, ESPN, etc. Identifi ation. For example, report multi					
			•	•	ch stream separately; for example					
Column 2: Give th			-		ation for broadcasting over-the-air ir s may be different from the channe					
on which your cable s  Column 3: Indicate	•		station is a netw	ork station, an inc	dependent station, or a noncommercia					
(for independent multi	cast), "E" (for n	oncommerci page (v) of the	al educational), ne general instru	or "E-M" (for nonductions located in	icast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form /es". If not, enter "No". For an ex					
planation of local serv Column 5: If you h	ice area, see p ave entered "Y	age (v) of the es" in columi	e general instruc n 4, you must co	ctions located in the complete column 5	ne paper SA3 form , stating the basis on which you					
carried the distant stat	tion on a part-ti	me basis bed	cause of lack of	activated channe	ntering "LAC" if your cable syster I capacity ty payment because it is the subjec					
of a written agreemen	t entered into c	n or before J	une 30, 2009, b	etween a cable s	ystem or an association representin					
•	•		•		ary transmitter, enter the designa other basis, enter "O." For a furthe					
explanation of these th	rree categories	s, see page (\	) of the general	l instructions locat	ted in the paper SA3 form					
					ty to which the station is licensed by the the which the station is identifec					
Note: If you are utilizing	ng multiple cha	nnel line-ups	, use a separate	e space G for eac	h channel line-up.					
		CHANN	EL LINE-UP	AH (3)						
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION					
	NUMBER	STATION	` ,	(If Distant)						
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana					
		•								
		<u> </u>								

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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

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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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

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

		CHANN	EL LINE-UP	Al	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	Е-М	No		Indianapolis, Indiana
WFYI-Create	20.3	Е-М	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	Е	No		Muncie, Indiana
WIPB-HD/DT (Sim	49.1	Е-М	No		Muncie, Indiana
WIPB-Create	49.2	Е-М	No		Muncie, Indiana
WIPB - Weather	49.3	I-M	No		Muncie, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana

**Primary** Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi 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 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

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

		CHANN	EL LINE-UP	AI (2)	_
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
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Si	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana

G

**Primary** Transmitters: Television

LEGAL NAME OF OWN	NER OF CABLE SY	'STEM:			SYSTEM ID#	
CMN-RUS, INC					062634	Name
		ON			002001	
PRIMARY TRANSMITT	ERS: IELEVISI	ON				
carried by your cable	system during	the accountir	g period except	(1) stations carri	ns and low power television stations) ed only on a part-time basis under	G
•				•	rtain network programs [section: and (2) certain stations carried on a	Primary
substitute program ba	, , , ,	. ,			and (2) certain stations carried on a	Transmitters:
				s carried by your	cable system on a substitute progran	Television
basis under specifc F	, 0	,				
	•		st it in space I (t	he Special Stater	nent and Program Log)—if th∈	
	, and also in sp	ace I, if the s			titute basis and also on some othe of the general instructions located	
in the paper SA3 fo	orm.			,	es such as HBO, ESPN, etc. Identify	
		-			ation. For example, report multi	
	A-2". Simulcast	streams mus	st be reported in	column 1 (list ea	ch stream separately; for examplε	
WETA-simulcast).	e channel num	her the FCC	has assigned to	the television st	ation for broadcasting over-the-air ir	
			•		s may be different from the channe	
on which your cable s	ystem carried t	he station			•	
					dependent station, or a noncommercia	
					icast), "I" (for independent), "I-M	
(for independent multi For the meaning of th	//		,,	`	commercial educational multicast)	
					/es". If not, enter "No". For an ex	
planation of local serv				, .		
-			•	-	, stating the basis on which you	
		-		•	ntering "LAC" if your cable syster	
carried the distant sta	•				ty payment because it is the subjec	
					ystem or an association representin	
					ary transmitter, enter the designa	
tion "E" (exempt). For	simulcasts, als	o enter "E". I	f you carried the	channel on any	other basis, enter "O." For a furthe	
					ted in the paper SA3 form	
					ty to which the station is licensed by the	
				•	th which the station is identifed	
Note: If you are utilizi	ng mulliple cha		•	· .	n channel line-up.	
			EL LINE-UP	, ,		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	
	<u>"</u>					
		•				
•		1				
		<b>.</b>				
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		<b>.</b>				

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 € substitute program basis, as explained in the next paragraph

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 in 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	l	No		Marion, Indiana
WNDY-HD/DT (Sii	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	Е	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie, Indiana

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. 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 specifc FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AJ (2)	
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
WIPB-Create	49.2	Е-М	Yes	0	Muncie, Indiana
WIPB - Weather	49.3	I-M	Yes	0	Muncie, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WCLJ	42	I	No		Bloomington, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a transmit Transmit	LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
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 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 stations, see page (v) of the general instructions locater in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams as WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-aimulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air it 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 auticast).  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 outsid	CMN-RUS, INC	<b>:</b> .				062634	Name
Crues 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), 76.61(e)(4) and (4), 76	PRIMARY TRANSMITT	ERS: TELEVISI	ON				
basis under specifc FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream asociated 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 it 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 noncommercial educational by entering the letter "N" (for network), "N-M" (for network multicast). "If (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 syster carried the di	carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba	system during tions in effect of 6.61(e)(2) and asis, as explaine	the accountin on June 24, 19 (4), or 76.63 ( ed in the next	g period except 981, permitting t (referring to 76.6 paragraph	(1) stations carri the carriage of ce 61(e)(2) and (4))]	ed only on a part-time basis under rtain network programs [section: ; and (2) certain stations carried on a	Primary Transmitters:
CHANNEL LINE-UP AJ (3)  1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION CHANNEL OF (If Distant) CHANNEL OF (If Distant)	basis under specifc F	CC rules, regul n here in space I only on a substantial associated with A-2". Simulcast the channel number see terms, see the total associated with a sasociated with a see the channel number see terms, see the channel number see terms, see the distant statition on a partitision of a distantial tentered into a primary transistimulcasts, als hree categories in space in a categories in canadian static	ations, or autile G—but do list it the basis ace I, if the store it it is a station and a streams must be the KRC is Charles (V) of the station whether the setter "N" (for moncommercial page (V) of the the local services in column to during the impersion of the station of the column that it is a station of the station of the station of the column that is a service in the local services in column to during the impersion of the station of the station of the station. For one, if any, given the station, if any, given the station of the station. For one, if any, given is a station of the station of the station, if any, given it is station in the station of the station. For one, if any, given is a station of the station of	horizations: stit in space I (ti ation was carried itute basis station report origination coording to its or of the reported in thas assigned to nannel 4 in Was station is a network), "N-M" all educational), the general instructivice area, (i.e. the reported in the general instruction at the properties of lack of the general instruction at the properties of lack of the general instruction at the properties of lack of the general instruction at the properties of lack of the general instruction at the properties of lack of the general instruction at the properties of lack of the general or U.S. stations, we the name of the station in the properties of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general instruction in the properties of the general or U.S. stations, we the name of the station in the properties of the general or U.S. stations, we the name of the general or U.S. stations of the genera	the Special Stater and both on a subsons, see page (v) on program service ver-the-air design column 1 (list ease the television station, D.C. This ork station, an industrial (for network multions located in the distant"), enter "stions located in the column 5 ind. Indicate by eactivated channes subject to a royal setween a cable sesenting the prime a channel on any instructions loca, list the community with	titute basis and also on some othe of the general instructions located sees such as HBO, ESPN, etc. Identify the lation. For example, report multich stream separately; for example attention for broadcasting over-the-air in some bediened station, or a noncommercial dependent station, or a noncommercial icast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form (res". If not, enter "No". For an exine paper SA3 form, stating the basis on which you intering "LAC" if your cable system I capacity the paper SA3 form (res"). It is the subject that the system of an association representing any transmitter, enter the designation of the basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is identified.	Television
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE (If Distant) 6. LOCATION OF STATION				•	•		
WFYI-Create 20.3 E-M No Indianapolis, Indiana		CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	WFYI-Create	20.3	E-M	No		Indianapolis, Indiana	

**Primary** 

Transmitters:

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under

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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 WFTA-simulcast).

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

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

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AK	
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
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WTIU	14	E	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	Е-М	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Si	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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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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

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

		CHANN	EL LINE-UP	AK (2)	
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
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	Е-М	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 specifc FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AL	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Si	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Hai	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	Е	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie, Indiana
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB-Weather	49.3	E-M	Yes	0	Muncie, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. 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 specifc FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 in 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AL (2)	
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
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
VLFI	11	N	No		West Layfatyette, Indiana
WLFI-HD/DT (Sim	18.1	N-M	No		West Layfatyette, Indiana
NLFI-GetTV	18.2	I-M	No		West Layfatyette, Indiana
NFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WPBI-LD	16.1	I	No		Lafayette, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
	8.3	I-M	No		Indianapolis, Indiana

G

**Primary** Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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
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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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AM	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. 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 in 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

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

		CHANN	EL LINE-UP	AM (2)	
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
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	Е-М	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana

G

**Primary** Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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**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	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Si	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
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WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Hai	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

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- 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

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		CHANN	EL LINE-UP	AN (2)	
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
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	Е-М	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WIPB	23	E	No		Muncie, Indiana
WIPB-HD/DT (Sim	49.1	Е-М	No		Muncie, Indiana
WIPB-Create	49.2	E-M	No		Muncie, Indiana

G

**Primary** Transmitters: Television

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Nome
CMN-RUS, INC					062634	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during tions in effect of 5.61(e)(2) and	the accountin In June 24, 19 (4), or 76.63	ng period except 981, permitting t (referring to 76.6	(1) stations carrie the carriage of cer	s and low power television stations) ed only on a part-time basis undel rtain network programs [section: and (2) certain stations carried on a	<b>G</b> Primary Transmitters:
Substitute Basis S	Stations: With	respect to an	ny distant station	is carried by your	cable system on a substitute progran	Television
<ul> <li>basis under specifc F0</li> <li>Do not list the station station was carried</li> </ul>	n here in space	G—but do lis		he Special Staten	nent and Program Log)—if the	
<ul> <li>List the station here,</li> </ul>	and also in sp formation con	ace I, if the st			titute basis and also on some othe of the general instructions located	
		•			es such as HBO, ESPN, etc. Identify ation. For example, report multi	
			•	•	ch stream separately; for example	
			•		ation for broadcasting over-the-air ir s may be different from the channe	
	e in each case	whether the s		•	dependent station, or a noncommercia	
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	noncommercia page (v) of th	al educational), ne general instru	or "E-M" (for noncuctions located in	icast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form (es". If not, enter "No". For an ex	
planation of local serv	ice area, see p	age (v) of the	e general instruc	ctions located in th	ne paper SA3 form	
	he distant stati	on during the	accounting per	iod. Indicate by e	, stating the basis on which you ntering "LAC" if your cable syster I canacity	
For the retransmiss	sion of a distan	t multicast str	ream that is not	subject to a royal	ty payment because it is the subjec	
					ystem or an association representin ary transmitter, enter the designa	
` ' '			•	•	other basis, enter "O." For a furthe ted in the paper SA3 form	
Column 6: Give th	e location of ea	ach station. F	or U.S. stations,	, list the communi	ty to which the station is licensed by the	
Note: If you are utilizing		. ,		•		
		CHANN	EL LINE-UP	AN (3)		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
WIPR - Weather	<b>10000BER</b>	I_M	No	(II Distailt)	Muncio Indiana	
WIFD - Weather	43.3	1-141	NO		Muncie, Indiana	
		•				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

WBBM-HD/DT (Si         2.1         N-M         No           WLS         44         N         No           WLS-HD/DT (Sim         7.1         N-M         No           WPWR-CW         51         I         No           WPWR-Movies!         50.2         I-M         No           WPWR-Buzzr         50.4         I-M         No           WCPX-HD/DT         38.1         I         No           WFLD-HD/DT         32.1         I         No	IAGE
WMAQ-COZITV         5.2         I-M         No           WBBM         12         N         No           WBBM-HD/DT (Si         2.1         N-M         No           WLS         44         N         No           WLS-HD/DT (Sim         7.1         N-M         No           WPWR-CW         51         I         No           WPWR-Movies!         50.2         I-M         No           WPWR-Buzzr         50.4         I-M         No           WCPX-HD/DT         38.1         I         No           WFLD-HD/DT         32.1         I         No	
WBBM         12         N         No           WBBM-HD/DT (Si         2.1         N-M         No           WLS         44         N         No           WLS-HD/DT (Sim         7.1         N-M         No           WPWR-CW         51         I         No           WPWR-Movies!         50.2         I-M         No           WPWR-Buzzr         50.4         I-M         No           WCPX-HD/DT         38.1         I         No           WFLD-HD/DT         32.1         I         No	Chicago, Illinois
WBBM-HD/DT (Si         2.1         N-M         No           WLS         44         N         No           WLS-HD/DT (Sim         7.1         N-M         No           WPWR-CW         51         I         No           WPWR-Movies!         50.2         I-M         No           WPWR-Buzzr         50.4         I-M         No           WCPX-HD/DT         38.1         I         No           WFLD-HD/DT         32.1         I         No	Chicago, Illinois
WLS         44         N         No           WLS-HD/DT (Sim         7.1         N-M         No           WPWR-CW         51         I         No           WPWR-Movies!         50.2         I-M         No           WPWR-Buzzr         50.4         I-M         No           WCPX-HD/DT         38.1         I         No           WFLD-HD/DT         32.1         I         No	Chicago, Illinois
WLS-HD/DT (Sim 7.1 N-M No WPWR-CW 51 I No WPWR-Movies! 50.2 I-M No WPWR-Buzzr 50.4 I-M No WCPX-HD/DT 38.1 I No WFLD-HD/DT 32.1 I No	Chicago, Illinois
WPWR-CW         51         I         No           WPWR-Movies!         50.2         I-M         No           WPWR-Buzzr         50.4         I-M         No           WCPX-HD/DT         38.1         I         No           WFLD-HD/DT         32.1         I         No	Chicago, Illinois
WPWR-Movies!         50.2         I-M         No           WPWR-Buzzr         50.4         I-M         No           WCPX-HD/DT         38.1         I         No           WFLD-HD/DT         32.1         I         No	Chicago, Illinois
WPWR-Buzzr         50.4         I-M         No           WCPX-HD/DT         38.1         I         No           WFLD-HD/DT         32.1         I         No	Gary, Indiana
WCPX-HD/DT         38.1         I         No           WFLD-HD/DT         32.1         I         No	Gary, Indiana
WFLD-HD/DT 32.1 I No	Gary, Indiana
······································	Chicago, Illinois
WITH UD DT (O:-	Chicago, Illinois
WTTV-HD/DT (Sin 4.1 N-M No	Bloomington, Indiana
WYIN-HD/DT 56.1 E-M No	Gary, Indiana
WYIN-NHK World 56.2 E-M No	Gary, Indiana

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 € substitute program basis, as explained in the next paragraph

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AP	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WILL	9	Е	No		Urbana, Illinois
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois
WMBD	30	N	No		Bloomington, Illinois
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois
WAOE	39	I	No		Bloomington, Illinois
WYZZ	28	I	No		Bloomington, Illinois
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois
WTVP	46	Е	No		Peoria, Illinois
WTVP-Create/Wo	47.3	E-M	No		Peoria, Illinois

**Primary** Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G

carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 specifc FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 in 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AQ	
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
WILL	9	E	No		Urbana, Illinois
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois
WMBD	30	N	No		Bloomington, Illinois
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois
WAOE	39	I	No		Bloomington, Illinois
WYZZ	28	I	No		Bloomington, Illinois
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois
WTVP	46	E	No		Peoria, Illinois
WTVP-Create/Wo	47.3	E-M	No		Peoria, Illinois
		•			

**Primary** Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana
WYIN-NHK World	56.2	E-M	No		Gary, Indiana
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois
WBBM-Decades	2.2	I-M	No		Chicago, Illinois
WLS-HD/DT (Sim	7.1	N-M	No		Chicago, Illinois
WLS-LivWell	7.2	I-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WTTW-HD/DT	11.1	Е	No		Chicago, Illinois
WSNS-HD/DT	44.1	I-M	No		Chicago, Illinois
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AS		
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	
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana	
WYIN-NHK World	56.2	E-M	No		Gary, Indiana	
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois	
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois	
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois	
WBBM-Decades	2.2	I-M	No		Chicago, Illinois	
WLS-HD/DT (Simi	7.1	N-M	No		Chicago, Illinois	
WLS-LivWell	7.2	I-M	No		Chicago, Illinois	
WPWR-CW	51	I	No		Gary, Indiana	
WCPX-HD/DT	38.1	I	No		Chicago, Illinois	
WFLD-HD/DT	32.1	I	No		Chicago, Illinois	
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois	
WFLD-Buzzr	32.4	I-M	No		Chicago, Illinois	
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois	
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois	
WFLD-Buzzr	32.4	I-M	No		Chicago, Illinois	

G

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 **Primary** substitute program basis, as explained in the next paragraph Transmitters: Television

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

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

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

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AT	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKLE-HD/DT	46	E	No		Lexington, Kentucky
WDKY-HD/DT	56.1	I	No		Danville, KY
WDKY-Comet	56.2	I-M	No		Danville, KY
WDKY-Charge!	56.3	I-M	No		Danville, KY
WDKY-TBD	56.4	I-M	No		Danville, KY
WKYT-HD/DT	27.1	N	No		Lexington, Kentucky
WKYT-CW	27.2	I-M	No		Lexington, Kentucky
WKYT-Local Rada	27.3	I-M	No		Lexington, Kentucky
WLEX-HD/DT	18.1	N	No		Lexington, Kentucky
WLEX-MeTV	18.2	I-M	No		Lexington, Kentucky
WLEX-Bounce	18.3	I-M	No		Lexington, Kentucky
WTVQ-HD/DT	36.1	N	No		Lexington, Kentucky
WTVQ-My Netwo	36.2	I-M	No		Lexington, Kentucky
WTVQ-Justice	36.3	I-M	No		Lexington, Kentucky
WTVQ-Laff	36.4	I-M	No		Lexington, Kentucky
WTVQ-Escape	36.5	I-M	No		Lexington, Kentucky
WTVQ-Quest	36.6	I-M	No		Lexington, Kentucky
WTVQ-Grit	36.7	I-M	No		Lexington, Kentucky

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CMN-RUS, INC	<b>.</b>				062634	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during	the accountir	ng period except	(1) stations carrie	ns and low power television stations) ed only on a part-time basis under	G
•				•	rtain network programs [section: and (2) certain stations carried on a	Primary
substitute program ba	ısis, as explaine	ed in the next	paragraph	. , , , , , , , , , , , , , , , , , , ,		Transmitters:
basis under specifc F		="	-	is carried by your	cable system on a substitute progran	Television
•	. •			he Special Stater	nent and Program Log)—if the	
station was carried	,		4 - 4 :		Attacks have a suit also are some all a	
	nformation con				titute basis and also on some othe of the general instructions located	
Column 1: List each	ch station's call	-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi ch stream separately; for example	
WETA-simulcast).			·	•	ation for broadcasting over-the-air in	
•	•		hannel 4 in Was	hington, D.C. Thi	s may be different from the channe	
on which your cable s  Column 3: Indicate			station is a netw	ork station, an inc	dependent station, or a noncommercia	
		•	,	•	icast), "I" (for independent), "I-M	
(for independent multi For the meaning of the	,		,.	,	commercial educational multicast)	
Column 4: If the s	tation is outside	e the local se	rvice area, (i.e. '	distant"), enter "۱'	∕es". If not, enter "No". For an ex	
planation of local serv	rice area, see p	age (v) of the	e general instruc	tions located in th	ne paper SA3 form	
•			•	•	, stating the basis on which you ntering "LAC" if your cable syster	
carried the distant sta						
					ty payment because it is the subjec	
					ystem or an association representin ary transmitter, enter the designa	
-			-		other basis, enter "O." For a furthe	
					ted in the paper SA3 form ty to which the station is licensed by the	
					th which the station is identified by the	
Note: If you are utilizi	ng multiple cha	nnel line-ups	, use a separate	space G for eac	h channel line-up.	
		CHANN	EL LINE-UP	AT (2)		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
WUPX-lon	67.1	I	No	(II Distant)	Richmond, KY	
WUPX-Qubo		I M	No			
-	67.2	I-M			Richmond, KY	
WUPX-Ion Life	67.3	I-M	No	-	Richmond, KY	
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FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television

basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi 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 in 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AU	
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
KGCW-DT	26.1	I	No		Burlington, IA
KGCW-This TV	26.2	I-M	No		Burlington, IA
KGCW-Laff	26.3	I-M	No		Burlington, IA
KGCW-Bounce T	26.4	I-M	No		Burlington, IA
KIIN-HD/DT	12.1	E	No		lowa City, IA
KIIN-PBS Kids	12.2	E-M	No		lowa City, IA
KIIN-World	12.3	E-M	No		lowa City, IA
KIIN-Create	12.4	E-M	No		lowa City, IA
KLJB-HD/DT	18.1	I	No		Davenport, IA
KLJB-Me TV	18.2	I-M	No		Davenport, IA
KWQC-HD/DT	6.1	N	No		Davenport, IA
KWQC-ION	6.2	I-M	No		Davenport, IA
KWQC-Cozi TV	6.3	I-M	No		Davenport, IA
KWQC-H&I	6.4	I-M	No		Davenport, IA
WHBF-HD/DT	4.1	N	No		Rock Island, IL
WHBF-Grit	4.3	I-M	No		Rock Island, IL
WHBF-Court TV	4.4	I-M	No		Rock Island, IL
WQAD-HD/DT	8.1	N			Moline, IL

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi 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 WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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 Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU (2) 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 4. DISTANT? 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) WQAD-Antenna T 8.2 I-M Moline, IL No WQAD-MyNetwor 8.3 I-M No Moline, IL **WQAD-True Crim** 8.4 I-M Moline, IL No WQPT-HD/DT Ε No 24.1 Moline, IL **WQPT-Deutsche** 24.2 E-M No Moline, IL No No No No No No No No No No

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

No No LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

	<u> </u>	CHANN	EL LINE-UP	AV	
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
KAAL-HD/DT	6.1	N	No		Austin, MN
KAAL-This TV	6.2	I-M	No		Austin, MN
KIMT-HD/DT	3.1	N	No		Mason City, IA
KIMT-MyNetwork	3.2	I-M	No		Mason City, IA
KIMT-ION	3.3	I-M	No		Mason City, IA
KIMT-Antenna	3.4	I-M	No		Mason City, IA
KSMQ-HD/DT	15.1	E	No		Austin, MN
KSMQ-Worldview	15.2	E-M	No		Austin, MN
KSMQ-Create	15.3	E-M	No		Austin, MN
KSMQ-MN Chann	15.4	E-M	No		Austin, MN
KTTC-HD/DT	10.1	N	No		Rochester, MN
KTTC-CW	10.2	I-M	No		Rochester, MN
KTTC-H&I	10.3	I-M	No		Rochester, MN
KTTC-Court TV	10.4	I-M	No		Rochester, MN
KTTC-Justice	10.5	I-M	No		Rochester, MN
KXLT-HD/DT	47.1	I	No		Rochester, MN
KXLT-Me TV	47.2	I-M	No		Rochester, MN
KXLT-Laff	47.3	I-M			Rochester, MN

G

Primary Transmitters: Television

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
CMN-RUS, INC.					062634	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during to ions in effect o 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 76.6 paragraph	(1) stations carrie he carriage of cer 61(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [section: and (2) certain stations carried on a cable system on a substitute progran	G Primary Transmitters: Television
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA-WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the station was carried to the station of the Column 4: If the station was carried to the station of the Column 4: If the station was carried to the st	CC rules, regular here in space only on a substand also in spatformation concern. The station's call associated with the station's call associated with the station's carried the in each case of the station's et entering the leading the station is outside a substant and the station is outside the s	ations, or auting—but do listitute basis ace I, if the storming substraining substr	horizations: at it in space I (the ation was carried itute basis station report origination coording to its own at be reported in the assigned to the ation is a network), "N-M" at educational), the general instructice area, (i.e. "	the Special Staten of both on a substans, see page (v) on program service ver-the-air designation of the television state the television state hington, D.C. This ork station, an indefor network multion "E-M" (for noncontactions located in distant"), enter "Y	nent and Program Log)—if the citute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identification. For example, report multiple characteristic for example to for broadcasting over-the-air in a may be different from the channe dependent station, or a noncommercial cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form "es". If not, enter "No". For an ex	Television
cable system carried the carried the distant stat. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	ave entered "Y he distant station on a part-tion of a distant entered into o a primary trans simulcasts, als aree categories e location of ea Canadian static	es" in column on during the me basis bect multicast street or an accordance of enter "E". If a see page (vach station. Frons, if any, given during the column of the colum	accounting pericause of lack of accounting pericause of lack of accounting that is not une 30, 2009, be association reprefiyou carried the account of the general or U.S. stations, we the name of the accounting that is not the second of the general or U.S. stations, we the name of the accounting that is not that is no	emplete column 5, iod. Indicate by el activated channel subject to a royall etween a cable sesenting the prima channel on any constructions locat list the community with	stating the basis on which you ntering "LAC" if your cable syster capacity ty payment because it is the subject ystem or an association representing ary transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form ty to which the station is licensed by the the which the station is identifec	
		CHANN	EL LINE-UP	AV (2)		
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	
KXLT-Escape	47.4	I-M	No		Rochester, MN	
KXLT-Quest	47.5	I-M	No		Rochester, MN	
KYIN-HD/DT	18.1	Е	No		Mason City, IA	
KYIN-PBS Kids	18.2	E-M	No		Mason City, IA	
KYIN-World	18.3	E-M	No		Mason City, IA	
KYIN-Create	18.4	E-M	No		Mason City, IA	

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 € 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
- 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 in 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

	-	CHANN	EL LINE-UP	AW	
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
KCCI-HD/DT	8.1	N	No		Des Moines, IA
KCCI-Me TV	8.2	I-M	No		Des Moines, IA
KCCI-MyNetwork	8.3	I-M	No		Des Moines, IA
KCWI-CW	23.1	I-M	No		Des Moines, IA
KCWI-Court TV M	23.2	I-M	No		Des Moines, IA
KCWI-Bounce TV	23.3	I-M	No		Des Moines, IA
KCWI-Quest	23.4	I-M	No		Des Moines, IA
KDIN-HD/DT	11.1	Е	No		Des Moines, IA
KDIN-PBS Kids	11.2	Е-М	No		Des Moines, IA
KDIN-World	11.3	Е-М	No		Des Moines, IA
KDIN-Create	11.4	E-M	No		Des Moines, IA
KDSM-HD/DT	17.1	N	No		Des Moines, IA
KDSM-Comet	17.2	I-M	No		Des Moines, IA
KDSM-Charge!	17.3	I-M	No		Des Moines, IA
KDSM-TBD	17.4	I-M	No		Des Moines, IA
KFPX-HD/DT	39.1	I-M	No		Newton, IA
WHO-HD/DT	13.1	N	No		Des Moines, IA
WHO-Weather	13.2	I-M	No		Des Moines, IA

Primary Transmitters: Television

FORM SA3E. PAGE 3.	ITING PERIOD: 2021/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID	Nama
CMN-RUS, INC. 06263	4
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
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	Primary Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis	Television
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. Identifi	
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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject	
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the	

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

		AW (2)			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WHO-Antenna TV	13.3	I-M	No		Des Moines, IA
WHO-Court TV	13.4	I-M	No		Des Moines, IA
WOI-HD/DT	5.1	N	No		Des Moines, IA
WOI-Laff	5.2	I-M	No		Des Moines, IA
WOI-Grit	5.3	I-M	No		Des Moines, IA
WOI-Cozi TV	5.4	I-M	No		Des Moines, IA
	-				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AX	
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
WDTN-HD/DT	2.1	N	No		Dayton, OH
WDTN-Court TV N	2.2	I-M	No		Dayton, OH
WHIO-HD/DT	7.1	N	No		Dayton, OH
WHIO-MeTV	7.2	I-M	No		Dayton, OH
WHIO-Laff	7.3	I-M	No		Dayton, OH
WKEF-HD/DT	22.1	N	No		Dayton, OH
WKEF-Fox	22.2	N-M	No		Dayton, OH
WKEF-Antenna T	22.3	I-M	No		Dayton, OH
WKOI-lon	43.1	I-M	No		Richmond, IN
WPTD-HD/DT	16.1	Е	No		Dayton, OH
WPTD-Again	16.2	E-M	No		Dayton, OH
WPTD-Life	16.3	Е-М	No		Dayton, OH
WPTD-Ohio Chan	16.4	Е-М	No		Dayton, OH
WRGT-HD/DT	45.1	I-M	No		Dayton, OH
WRGT-Comet	45.3	I-M	No		Dayton, OH
WRGT-Charge!	45.4	I-M	No		Dayton, OH
	<u> </u>			İ	J

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. 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 specifc FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AY	
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
WILX-HD/DT	10.1	N	No		Lansing, MI
WILX-Circle	10.3	I-M	No		Lansing, MI
WILX-Antenna TV	10.5	I-M	No		Lansing, MI
WILX-True Crime	10.6	I-M	No		Lansing, MI
WKAR-HD/DT	23.1	Е	No		Lansing, MI
WKAR-World	23.2	Е-М	No		Lansing, MI
WKAR-Create	23.3	Е-М	No		Lansing, MI
WKAR-PBS Kids	23.4	Е-М	No		Lansing, MI
WLAJ-HD/DT	53.1	N	No		Lansing, MI
WLAJ-CW	53.2	I-M	No		Lansing, MI
WLNS-HD/DT	6.1	N	No		Lansing, MI
WSYM-HD/DT	47.1	N	No		Lansing, MI
WSYM-MeTV	47.2	I-M	No		Lansing, MI
WSYM-Bounce T	47.3	I-M	No		Lansing, MI
WSYM-My Netwo	47.4	I-M	No		Lansing, MI
WSYM-Court TV	47.5	I-M	No		Lansing, MI

G

**Primary** Transmitters: Television

**Primary** 

Transmitters:

Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 specifc FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 in 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	AZ	
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
WCTV-HD/DT	6.1	N	No		Tallahassee, FL
WCTV-MeTV	6.2	I-M	No		Tallahassee, FL
WCTV-Circle	6.3	I-M	No		Tallahassee, FL
WCTV-True Crime	6.5	I-M	No		Tallahassee, FL
WFSU-HD/DT	11.1	Е	No		Tallahassee, FL
WFSU-The Florid	11.2	E-M	No		Tallahassee, FL
WFSU-Create	11.3	E-M	No		Tallahassee, FL
WFSU-PBS Kids	11.4	Е-М	No		Tallahassee, FL
WTWC-HD/DT	40.1	N	No		Tallahassee, FL
WTWC-Charge	40.3	I-M N	No		Tallahassee, FL
WTXL-HD/DT	27.1		No		Tallahassee, FL
WTXL-Bounce TV	27.2	I-M	No		Tallahassee, FL
WTXL-Grit	27.3	I-M	No		Tallahassee, FL
WTXL-Court TV N	27.4	I-M	No		Tallahassee, FL

U.S. Copyright Office

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G

carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 € substitute program basis, as explained in the next paragraph

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 in 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

CHANNEL LINE-UP BA									
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				
KARE-HD/DT	11.1	N	No		Minneapolis-St Paul, MN				
KARE-Court TV	11.2	I-M	No		Minneapolis-St Paul, MN				
KARE-True Crime	11.3	I-M	No		Minneapolis-St Paul, MN				
KARE-Quest	11.4	I-M	No		Minneapolis-St Paul, MN				
KARE-Circle	11.5	I-M	No		Minneapolis-St Paul, MN				
KMSP-HD/DT	9.9	N	No		Minneapolis-St Paul, MN				
KMSP-Buzzr	9.4	I-M	No		Minneapolis-St Paul, MN				
KMSP-The Grio T	9.5	I-M	No		Minneapolis-St Paul, MN				
KMSP-Decades	9.6	I-M	No		Minneapolis-St Paul, MN				
KSTC-HD/DT	5.2	N	No		Minneapolis-St Paul, MN				
KSTC-MeTV	5.3	I-M	No		Minneapolis-St Paul, MN				
KSTC-Antenna T\	5.4	I-M	No		Minneapolis-St Paul, MN				
KSTC-This TV	5.5	I-M	No		Minneapolis-St Paul, MN				
KSTP-HD/DT	5.1	N	No		Minneapolis-St Paul, MN				
KSTP-Heros & Ico	5.7	I-M	No		Minneapolis-St Paul, MN				
WCCO-HD/DT	4.1	N	No		Minneapolis-St Paul, MN				
WCCO-Start TV	4.2	I-M	No		Minneapolis-St Paul, MN				
WCCO-Dabl	4.3	I-M	No		Minneapolis-St Paul, MN				

Primary Transmitters: Television

ACCOUNT	ING PERIOD: 2021/2
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CMN-RUS, INC. 062634	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
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	Primary Transmitters: Television
basis under specific FCC rules, regulations, or authorizations:	Tolevision
• 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 convices such as HRO. ESDN, etc. Identification 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	

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

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

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

CHANNEL LINE-UP BA									
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				
WFTC-HD/DT	9.1	N	No		Minneapolis-St Paul, MN				
WFTC-Movies	9.3	I-M	No		Minneapolis-St Paul, MN				
WUCW-HD/DT	23.1	I	No		Minneapolis-St Paul, MN				
WUCW-Comet	23.2	I-M	No		Minneapolis-St Paul, MN				
WUCW-Charge!	23.3	I-M	No		Minneapolis-St Paul, MN				
WUCW-TBD	23.4	I-M	No		Minneapolis-St Paul, MN				

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

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 CCC rules and regulations in effect on laws 24, 1004, posmitting the corriers of carties potaging are regulations.

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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. Identificated multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	ВВ		
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	
KGCW-DT	26.1	I	No		Burlington, IA	
KGCW-This TV	26.2	I-M	No		Burlington, IA	
KGCW-Laff	26.3	I-M	No		Burlington, IA	
KIIN-Create	12.4	E-M	No		lowa City, IA	
KLJB-HD/DT	18.1	I	No		Davenport, IA	
KLJB-Me TV	18.2	I-M	No		Davenport, IA	
KWQC-HD/DT	6.1	N	No		Davenport, IA	
KWQC-Cozi TV	6.3	I-M	No		Davenport, IA	
KWQC-H&I	6.4	I-M	No		Davenport, IA	
KWQC-Start TV	6.5	I-M	No		Davenport, IA	
KWQC-Circle	6.6	I-M	No		Davenport, IA	
WHBF-HD/DT	4.1	N	No		Rock Island, IL	
WHBF-Grit	4.3	I-M	No		Rock Island, IL	
WHBF-Court TV N	4.4	I-M	No		Rock Island, IL	
WQAD-HD/DT	8.1	N	No		Moline, IL	
WQAD-Antenna 1	8.2	I-M	No		Moline, IL	
WQAD-MyNetwor	8.3	I-M	No		Moline, IL	
WQAD-True Crim	8.4	I-M	No		Moline, IL	

Primary Transmitters: Television

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama		
CMN-RUS, INC					062634	Name		
PRIMARY TRANSMITTE	ERS: TELEVISION	DN NC						
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. Identificated multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written a								
Note: If you are utilizing				•	th which the station is identifec h channel line-up.			
		CHANN	EL LINE-UP	ВВ				
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			
WQPT-HD/DT	24.1	E	No		Moline, IL			
WQPT-Deutsche	24.2	E-M	No		Moline, IL			
WUPX-lon	67.1	I	Yes	0	Richmond, KY			
		l						

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS. INC. 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 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 specifc FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi 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 in 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 syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association 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

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

		CHANN	EL LINE-UP	BC		
1. CALL SIGN	2. B'CAST 3. TYPE CHANNEL OF NUMBER STATIC		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WLFL-HD/TV	22.1	I	No		Raleigh, NC	
WLFL-Stadium	22.2	I-M	No		Raleigh, NC	
WLFL-TBD	22.3	I-M	No		Raleigh, NC	
WLFL-Antenna T	22.4	I-M	No		Raleigh, NC	
WNCN-HD/TV	17.1	N	No		Goldsboro, NC	
WNCN-Rewind T\	17.2	I-M	No		Goldsboro, NC	
WNCN-Grit	17.3	I-M	No		Goldsboro, NC	
WNCN-Circle	17.4	I-M	No		Goldsboro, NC	
WRAL-HD/TV	5.1	N	No		Raleigh, NC	
WRAL-Cozi	5.2	I-M	No		Raleigh, NC	
WRAL-Start TV	5.3	I-M	No		Raleigh, NC	
WRAZ-HD/TV	50.1	N	No		Raleigh, NC	
WRAZ-MeTV	50.2	I-M	No		Raleigh, NC	
WRAZ-Dabl	50.3	I-M	No		Raleigh, NC	
WRDC-MyNetwor	28.1	I	No		Durham, NC	
WRDC-Charge!	28.2	I-M	No		Durham, NC	
WRDC-Comet	28.3	I-M	No		Durham, NC	
WTVD-HD/TV	11.1	N	No		Durham, NC	

G

**Primary** Transmitters: Television

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CMN-RUS, INC					062634			
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specific FCC rules, regulations, or authorizations:								
<ul> <li>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</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe</li> </ul>								
	nformation con				of the general instructions located			
		•		. •	ces such as HBO, ESPN, etc. Identify			
			-	_	nation. For example, report multi nch stream separately; for example			
WETA-simulcast).  Column 2: Give the	e channel num	ber the FCC	has assigned to	the television sta	ation for broadcasting over-the-air ir			
	•		nannel 4 in Was	hington, D.C. Thi	s may be different from the channe			
on which your cable sy Column 3: Indicate	•		station is a netw	ork station, an in	dependent station, or a noncommercia			
					ticast), "I" (for independent), "I-M			
(for independent multi- For the meaning of the	,		,.	,	commercial educational multicast)			
					Yes". If not, enter "No". For an ex			
planation of local serv					he paper SA3 form i, stating the basis on which you			
•			•	•	entering "LAC" if your cable syster			
carried the distant stat	tion on a part-t	ime basis bed	cause of lack of	activated channe	el capacity			
					Ity payment because it is the subject system or an association representin			
					nary transmitter, enter the designa			
tion "E" (exempt). For	simulcasts, als	so enter "E". I	f you carried the	channel on any	other basis, enter "O." For a furthe			
					ted in the paper SA3 form ity to which the station is licensed by the			
					ith which the station is identifed			
Note: If you are utilizing	ng multiple cha	nnel line-ups	, use a separate	e space G for eac	ch channel line-up.			
		CHANN	EL LINE-UP	ВС				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Education of Granion			
	NUMBER	STATION	,	(If Distant)				
WTVD-Localish	11.2	I-M	No		Durham, NC			
WTVD-ThisTV	11.3	I-M	No		Durham, NC			
WUPX-Ion	67.1	I	Yes	0	Richmond, KY			
WUNU-HD/TV	31	E	No		Fayetteville, NC			
	No No							
No No								
No No								
No No								
			No					
			No					
			No					
			No					

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

No No No No No No

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

TORWOADE, FAGE 5.						ACCOUNTING	1 LINIOD. 2021/2	
LEGAL NAME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM ID#  062634								
SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	llations, or authorizations.	For a further	<b>I</b> Substitute	
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
During the accounting per	_			sis, any non	network television progr	am	Special Statement and	
broadcast by a distant sta					<del>-</del>	X No	Program Log	
Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	ram		
log in block 2.  2. LOG OF SUBSTITUTE	E PROGRA	AMS						
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.								
	LIDOTITLIT	TE DDOODAN			EN SUBSTITUTE	7. REASON		
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		
			·					
					<u> </u>			
					<u> </u>			
			·		<u> </u>	"		
					<u> </u>	"		
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						"		
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					_			

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID  OCCUPANT OF CABLE SYSTEM:									
.101116	CMN-RUS, II	NC.							0	62634
J Part-Time Carriage Log	Icolumn 5 of space G									
			DATES	S AND HOURS	OF F	PART-TIME CAR	RIAGE			
		WHEN	I CARRIAGE OCCU	JRRED			WHEN	I CARRIAGE OC	CURRED	1
	CALL SIGN	DATE	HOU			CALL SIGN	DATE		URS .	
		DATE	FROM _	ТО			DATE	FROM		TO
			_						_	
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#						
СМ	N-RUS, INC.		062634	Name					
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secc dentifed in space E) during the accounting period. For a further explanation of how to c e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary	transmission service	<b>K</b> Gross Receipts					
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $\varsigma$ 3 below.	e ente	red on line 1 of						
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ low.	entere	d on line 2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered on line						
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		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		\$ 7,886,796.00						
	Enter the result here. This is your minimum fee.	\$	83,915.51						
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  No—Leave block 3 below blank and control to the column of the column o	nn 4, y od?	ou must check						
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$ 10,167.00						
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	10,167.00						
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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		\$ 83,915.51	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter  0.00								
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)								
	Line 4. FILING FEE		\$ 725.00	the Licensing 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	\$	84,640.51	form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	age (i) of the						

ACCOUNTING PERIOD: 2021/2

						FORM SA3E. PAGE 8.				
Name	LEGAL NAME OF OWNER OF CA	BLE SYSTEM:				SYSTEM ID# 062634				
M Channels					carried television broadcast	stations				
Chamieis	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	Enter the total number on which the cable syst and nonbroadcast serv	em carried television	broadcast stations			300				
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name ED CORR				Telephone	913-794-3121				
	Address 8837 BON (Number, street,	D STREET rural route, apartment, or	suite number)							
	OVERLAN (City, town, state	D PARK, KS 662 zip)	214							
	Email				Fax (optional)					
0	CERTIFICATION (This sta	tement of account mu	ust be certifed and s	igned in accordan	ce with Copyright Office regu	ulations.)				
Certifcation	• I, the undersigned, hereb	y certify that (Check or	ne, <i>but only one</i> , of th	ne boxes.)						
	(Owner other than co	poration or partnersl	hip) I am the owner o	of the cable system	as identifed in line 1 of space	B; or				
		than corporation or and that the owner is			gent of the owner of the cable	system as identified				
	(Officer or partner) I in line 1 of space E		oration) or a partner (	if a partnership) of	the legal entity identifed as ow	ner of the cable system				
	I have examined the state are true, complete, and co [18 U.S.C., Section 1001(	rrect to the best of my			all statements of fact containe are made in good faith.	ed herein				
		/s/ Ed Corr								
	(e.	j., /s/ John Smith). Befo	ore entering the first for	orward slash of the	re to certify this statement. s/ signature, place your cursor oid enabling Excel's Lotus com					
	Ту	oed or printed name:	ED CORR							
	Tit		IDENT TAX	or partnership)						
	Da	te: February 23, 20	)22							

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 telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM ID: 062634	Nome
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Special Statement Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below\$	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest - Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum herex	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period	
ID number	

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

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

## FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

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

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

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts
The fifth and each additional DSE 0.330% of gross receipts

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
  - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

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

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

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

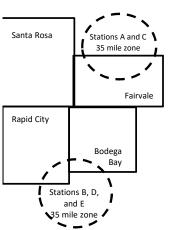
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE:**

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

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



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
n	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6,384.00

		φο,σοσσ			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

## DSE SCHEDULE, PAGE 11, (CONTINUED)

DOE CONEDUCE: 17(C)	·				67	VCTEM ID#		
1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			3	YSTEM ID#		
•	CMN-RUS, INC.					062634		
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:					
	<ul> <li>Add the DSEs of each station</li> </ul>	ı <b>.</b>						
	Enter the sum here and in line	1 of part 5 of this	s schedule.		2.50			
				<u> </u>		1		
	Instructions:	ian": list the co	Il ciane of all dictant ctations	identified by t	ho lottor "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).							
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSE	as "1.0"; tor	each network or noncom-			
of DSEs for	mercial educational station, giv							
Category "O"			CATEGORY "O" STATION	NS: DSEs				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	WFYI	0.250	WFYI-Kids	0.250	WFYI-Create	0.250		
	WIPB	0.250	WIPB-Create	0.250	WIPB-Weather	0.250		
	WUPX-lon	1.000						
		1.000						
Add rows as								
necessary.								
Remember to copy all								
formula into new								
rows.								
10113.								

Name	CMN-RUS, II	OWNER OF CABLE SYST	EM:				S	062634
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of al 2: For each station, correspond with the 3: For each station, 4: Divide the figure it at least to the third 5: For each indeper value as ".25."  3: Multiply the figure if the figure is ".25."	give the number of information given give the total num in column 2 by the decimal point. The ident station, give	n in space J. Calcula her of hours that the efigure in column 3, his is the "basis of ca the "type-value" as	system carried the ate only one DSE for a station broadcast and give the resultantiage value" for the "1.0." For each new for and give the results, and give the results, and give the results.	station during the accour or each station t over the air during the a t in decimals in column 4.	ccounting period. This figure must educational station, no less than the	
Capacity			CATEGOR	Y LAC STATION	IS: COMPUTA	TION OF DSFs		
	1. CALL SIGN	OF CAI	MBER HOURS RRIED BY STEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS C CARRIA VALUE	DF 5. TYPE	_	SE
			÷		=	x	=	
			÷		<u>=</u>	<u>x</u>	<u> </u>	
			÷			x x	<u>-</u>	
			+		=	x	=	
			÷		=	x	=	
			÷ ÷		=	x x	=	
	Add the DSEs	s OF CATEGORY L of each station. um here and in line		schedule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and the space I).     Column 2: at your option.     Column 3:     Column 4:	I by your system in act on October 19, 1 one or more live, nor For each station gives This figure should Enter the number of Divide the figure in	substitution for a 1976 (as shown by the number of I correspond with the days in the caler column 2 by the f	program that your sy the letter "P" in col s during that optional live, nonnetwork prohe information in spandar year: 365, exceigure in column 3, a	ystem was permitte umn 7 of space I); carriage (as showr grams carried in st ace I. ept in a leap year. and give the result in	e Programs) if that station ed to delete under FCC ruand hy the word "Yes" in columbstitution for programs the column 4. Round to no of the general instruction	nn 2 of nat were deleted less than the thirc	form)
			SUBSTITUTE	-BASIS STATI	ONS: COMPUT	TATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUME OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			-	=			-	=
			÷	=		····	<del>:</del> 	
			÷	=		······································	<del>-</del>	=
			÷	=			÷	=
	Add the DSEs	s OF SUBSTITUTE of each station. um here and in line		= IS: schedule,		0.00	÷ ]	=
<b>5</b> Total Number	number of DSE	ER OF DSEs: Give to sapplicable to your soft DSEs from part 2	system.	ne boxes in parts 2, 3	, and 4 of this sche	dule and add them to prov	ide the total	
of DSEs	2. Number o	f DSEs from part 3				<u> </u>	0.00	
	3. Number o	f DSEs from part 4				<b>•</b>	0.00	
	TOTAL NUMBE	R OF DSEs					<b>\</b>	2.50

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/2

LEGAL NAME OF C	WNER OF CABLE	SYSTEM:					S'	YSTEM ID# 062634	Name
n block A: If your answer if schedule.		emainder of <sub>l</sub>	•	7 of the DSE sche	edule blank ar	nd complete pa	rt 8, (page 16) of	the	6
If your answer if	"No," complete blo	ocks B and C		ELEVISION M	ARKETS				Computation of
effect on June 24,	1981?		major and sma	ller markets as de	fined under s		· ·	gulations in	3.75 Fee
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permitte	ed stations, see th	ie	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre	eles and regued pursuant on as defined al education of the station (76. r DSE schedant to individuously carried the station which is the station when the stati	ulations cited be to the FCC man d in 76.5(kk) (7 al station [76.59 65) (see parag dule). ual waiver of Fi ed on a part-tim vithin grade-B o	ne or substitute ba contour, [76.59(d)(	se in effect or 6.57, 76.59(b) e)(1), 76.63(a) referring bstitution of g	n June 24, 198 ), 76.61(b)(c), 1) referring to 70 g to 76.61(d)] randfathered so	76.63(a) referring 6.61(e)(1) tations in the		
Column 3:		e stations ide	entified by the le	parts 2, 3, and 4 etter "F" in column			orksheet on page	14 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	
WFYI	C	0.25	WFYI-Kids		0.25	WFYI-Crea		0.25	
WIPB	С	0.25	WIPB-Crea	С	0.25	WIPB-Wea	С	0.25	
WUPX-lon	M	1.00				•			
			<u> </u>	<b>*</b>		<u>                                     </u>		2.50	
		F	BLOCK C: CO	MPUTATION O	F 3 75 FFF				
ine 1: Enter the	total number of								
	sum of permitte								
				r of DSEs subjec 7 of this schedu		rate.			
ine 4: Enter gro	oss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represent
ine 5: Multiply I	ine 4 by 0.0375	and enter s	um here				х		permited/ partially nonpermitted
ine 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see par 9 instructions
ine 7: Multiply I	ine 6 by line 5 ar	nd enter he	re and on line	2, block 3, spac	e L (page 7)	)		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM ID#  062634													
BLOCK A: TELEVISION MARKETS (CONTINUED)													
1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6				
									Computation of 3.75 Fee				
					•			***************************************					
								***************************************					
								***************************************					
								***************************************					
		I	T	<u> </u>	I	Т	[		-				

**ACCOUNTING PERIOD: 2021/2** 

Name	CMN-RUS, INC.		SYSTEM:							S	962634
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.  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:										
		PERMITT	ED DSE FO	OR STAT	TIONS CARRIE	ΞD	ON A PART-TIME AN	D SUBSTIT	TUTE BASIS		
	1. CALL SIGN	2. PRIO DSE			OUNTING RIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
<b>7</b> Computation of the	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple	ete blocks B			par	rt 8 of the DSE schedul	le.			
Syndicated			E	BLOCK	A: MAJOR	TE	ELEVISION MARKE	ĒΤ			
Exclusivity Surcharge	Is any portion of the contractions	cable system w	vithin a top 10	00 major	television mark	et :	as defned by section 76	.5 of FCC ru	ules in effect Ju	ne 24, 19	81?
	X Yes—Complete	blocks B and	C .				No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHI	F/Grade B C	Contour S	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	
	Is any station listed in commercial VHF stati or in part, over the ca	on that places					Was any station listed nity served by the cabl to former FCC rule 76.	le system p	•	•	
	Yes—List each st			iate perm	itted DSE		Yes—List each sta  X No—Enter zero ar			ite permit	ed DSE
	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN								DSE		
								-			
			-						-		
			TOTAL [	DSEs	0.00				TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM ID#  062634	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	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 , \$	

Name		ME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC.	SYSTEM ID# 062634
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.  \$ \$	
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	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.  sick A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  sur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  sur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  sa a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers are paged within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	ow
	_	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS 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 <b>4.000 or less</b> , 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).	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:		J PERIOD: 2021/
	SYSTEM ID# 062634	Nama
CMN-RUS, INC.	062634	
Section If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 4	ion 3 blank.	
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
· · · · · · · · · · · · · · · · · · ·		
B. Enter 0.00701 of gross receipts  (the amount in section 1)  \$\Bigseleft\{ \bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\} \Bigse		Computation of
C. Multiply line B by 3.000 and enter here <b>\$</b>		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	<b>▶</b> \$	
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	<b>▶</b> \$ 0.00	
Dase Nate Fee	V.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis.		
shall instead be reported on a community-by-community basis (subscriber groups) if the cab ups in Space G.	ble system reported multiple channel line-	9
In General: If any of the stations you carried were partially distant, the statute allows you, in receipts from subscribers located within the station's local service area, from your system's t		Computation
receipts from subscribers located within the station's local service area, from your system's t this exclusion, you must:	total gross receipts. To take advantage of	of Base Rate Fe
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of	f subscribers that are distant to the same	and
station or the same group of stations. Next: Treat each subscriber group as if it were a separ		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate		Exclusivity Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the base	• •	for
NOTE: If any portion of your cable system is located within the top 100 television market and must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case However, if your cable system is wholly located outside all major television markets, complete the complete system is wholly located outside all major television markets.	se, complete both block A and B below.	Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
<b>Step 1:</b> For each community served, determine the local service area of each wholly distant carried to that community.	and each partially distant station you	Stations
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine whice outside the station's local service area. A subscriber located outside the local service area of the same token, the station is distant to the subscriber.)	-	
<b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of static subscriber group must consist entirely of subscribers who are distant to exactly the same consistent will have only one subscriber group when the distant stations it carried have local se	mplement of stations. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate section subscriber groups.	ons, one for each of your system's	
In each section:		
• Identify the communities/areas represented by each subscriber group.		
<ul> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, easubscribers in the group.</li> </ul>	ach station that is distant to all of the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each and 4 of this schedule; or,	station's DSE as you gave it in parts 2, 3,	
<ol><li>any portion of your system is located in a major or smaller televison market, give each sta part 6 of this schedule.</li></ol>	ation's DSE as you gave it in block B,	
<ul> <li>Add the DSEs for each station. This gives you the total DSEs for the particular subscriber g</li> </ul>	group.	
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts in the paper SA3 form.	see page (vii) of the general instructions	
<ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of page. In making this computation, use the DSE and gross receipts figure applicable to the pDSEs for that group's complement of stations and total gross receipts from the subscribers in your actual calculations on the form.</li> </ul>	particular subscriber group (that is, the total	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	
Name	CMN-RUS, INC.	06263
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.	
	uanomico oi an association representing the primary transmitter.	

LEGAL NAME OF OWNE	R OF CABL	E SYSTEM:				S	YSTEM ID# 062634	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	GREEN	ICASTLE		COMMUNITY/ AREA	SEYMO	UR/NORTH VERN	ION	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0,122 0.0.1	1 2 2 2	07.122.01011	302	07.22 07011		07.122.01.01.1	332	Base Rate Fe
								and
								Syndicated
	<u> </u>					<del></del>		Exclusivity
	<u> </u>							Surcharge
	<u> </u>					<del></del>		for
	<u>"</u>	-	<b>†</b>					Partially
	<u>"</u>	-	<b>†</b>					Distant
		-	<b>†</b>		<u> </u>	<u> </u>		Stations
			<b> </b>					J.20110
			<b> </b>		····			
			<b></b>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 160	,894.20	Gross Receipts Seco	nd Group	\$ 4	71,258.42	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon		\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	VINCE	NNES		COMMUNITY/ AREA	MADISO	DN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<b></b>					
			<b></b>					
			<b></b>					
			<b>.</b>					
			<b>.</b>					
			<b> </b>		····			
			<b> </b>					
			<b> </b>		····			
	<u> </u>							
			<b> </b>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 222	,594.30	Gross Receipts Fourt	h Group	\$ 3	39,383.82	
Door Data Foo Third C	<b>.</b>		0.00	Base Bate Fee Found	h Carrie		0.00	
Base Rate Fee Third G	πουρ	\$	0.00	Base Rate Fee Fourt	п Стоир	\$	0.00	
Rasa Pata Ess: Add th	o haco rot	a face for each subsc	riber group	as shown in the boxes	ahove			
		e <b>rees</b> for each subsc space L (page 7)	ιιν <del>ε</del> ι group	as shown in the boxes	abuve.	\$	10,167.00	

CMN-RUS, INC.							062634
В				TE FEES FOR EACH			
		SUBSCRIBER GRO	OUP	#		SUBSCRIBER GRO	UP
COMMUNITY/ AREA	WABAS	SH		COMMUNITY/ AREA	NORTH	MANCHESTER	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WFYI	0.25	WFYI-Kids	0.25				
WFYI-Create	0.25	-	····				
		-					
					<u> </u>		
	<b>1</b>	-			<b></b>		
						-	
					<b> </b>	- I	
					<b></b>		
					<b></b>		
otal DSEs			0.75	Total DSEs			0.00
J DOLO						-	
Gross Receipts First G	roup	\$ 16	2,031.98	Gross Receipts Secon	d Group	\$	61,512.60
sase Rate Fee First G	roup	\$	1,293.02	Base Rate Fee Secon	d Group	\$	0.00
			· ·	Base Rate Fee Secon	·		<u>'</u>
	SEVENTH	SUBSCRIBER GRO	· ·		EIGHTH	SUBSCRIBER GRO	<u>'</u>
		SUBSCRIBER GRO	· ·	Base Rate Fee Secon  COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	<u>'</u>
	SEVENTH	SUBSCRIBER GRO	· ·		EIGHTH	SUBSCRIBER GRO	<u>'</u>
:OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH  CONNE	SUBSCRIBER GRO RSVILLE CALL SIGN	DUP
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO	DSE
OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH  CONNE	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
:OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
:OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
:OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
; COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
; COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
; COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
; COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
; COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
; COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
; COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
:OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
CALL SIGN	SEVENTH	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA  CALL SIGN  WFYI	EIGHTH CONNEI DSE 0.25	SUBSCRIBER GRO RSVILLE CALL SIGN	DSE
CALL SIGN  CALL SIGN  Fotal DSEs	DSE	SUBSCRIBER GRONGTON  CALL SIGN	DSE DSE O.00	COMMUNITY/ AREA  CALL SIGN  WFYI  WFYI-Create  Total DSEs	DSE 0.25	SUBSCRIBER GRO RSVILLE  CALL SIGN WFYI-Kids	DSE 0.25 0.25 0.75
CALL SIGN  CALL SIGN  Fotal DSEs	DSE	SUBSCRIBER GRONGTON  CALL SIGN	DSE	CALL SIGN WFYI WFYI-Create	DSE 0.25	SUBSCRIBER GRO RSVILLE  CALL SIGN WFYI-Kids	DUP  DSE  0.25
CALL SIGN  CALL SIGN  Fotal DSEs  Gross Receipts Third C	DSE	SUBSCRIBER GRONGTON  CALL SIGN	0.00 6,619.38	COMMUNITY/ AREA  CALL SIGN  WFYI  WFYI-Create  Total DSEs  Gross Receipts Fourth	DSE 0.25 0.25	SUBSCRIBER GRO RSVILLE  CALL SIGN WFYI-Kids	DUP  DSE  0.25  0.75  119,196.00
COMMUNITY/ AREA	DSE	SUBSCRIBER GRONGTON  CALL SIGN	DSE DSE O.00	COMMUNITY/ AREA  CALL SIGN  WFYI  WFYI-Create  Total DSEs	DSE 0.25 0.25	SUBSCRIBER GRO RSVILLE  CALL SIGN WFYI-Kids	DSE 0.25 0.25 0.75

							062634	Name
COMMUNITY/ AREA				TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	UP		TENTH	SUBSCRIBER GROU	JP	0
	NEW C	ASTLE		COMMUNITY/ AREA	LEBAN	ON		9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WIPB	0.25	WIPB-Create	0.25	Base Rate
				WIPB-Weather	0.25			and
	1	***************************************	<u> </u>		<u></u>			Syndicat
			<u> </u>		<u> </u>			Exclusiv
	•				<u></u>			Surchar
	•							for
	<b></b>		<u>-</u>					Partially
	•				<b>.</b>			
	<b> </b>	-	<u> </u>			H		Distant
								Stations
		-						
	<b>.</b>	-						
	<b> </b>							
otal DSEs			0.00	Total DSEs			0.75	
Gross Receipts First Gr	oup	<u>\$ 190</u>	,591.20	Gross Receipts Seco	nd Group	<u>\$ 1</u>	78,038.00	
Base Rate Fee First Gr	oun	¢	0.00	Base Rate Fee Secon	nd Group	¢	1,420.74	
Dase Nate 1 ee 1 list Of	Jup	\$	0.00	Dase Nate i ee occor	па Огоар	\$	1,420.74	
EL	EVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		LIN/GREENWOO		COMMUNITY/ AREA	ΙΔΕΔΥΕ	FTTF		
JONNIOTATE TO THE PER								
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WIPB	0.25	WIPB-Create	0.25	
	•		<u> </u>	WIPB-Weather	0.25			
	•							
	•							
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	<b>.</b>							
	<u> </u>					<u> </u>		
		-						
	•							
	<u> </u>		0.00	Total DSEs		•	0.75	
otal DSEs			_	TOTAL DOES				
otal DSEs		\$ 554	,683.50	Gross Receipts Fourt	h Group	\$ 7	66,646.10	
	roup	-		11				
	roup							
Fotal DSEs Gross Receipts Third G			0.00	Raco Pato Foo Found	h Group	•	6 117 04	
		\$	0.00	Base Rate Fee Fourt	h Group	\$	6,117.84	
Gross Receipts Third G			0.00	Base Rate Fee Fourt	h Group	\$	6,117.84	

LEGAL NAME OF OWNE	ER OF CABL	LE SYSTEM:				S	YSTEM ID# 062634	Name
		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	CRAWI	FORDSVILLE		COMMUNITY/ AREA	WESTFI	ELD/FISHERS/CA	ARMEL/ZIC	<b>9</b> 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
		-						
		•	<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 241	,407.00	Gross Receipts Secon	nd Group	\$ 7	06,572.30	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
FI COMMUNITY/ AREA		SUBSCRIBER GRO		COMMUNITY/ AREA		SUBSCRIBER GROU	JP	
COMMONT I/ AREA	I LAIN	ILLD/KOWLOVII		COMMONT I/ AILA	DLOOM			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	<u>\$ 123</u>	,977.22	Gross Receipts Fourth	n Group	\$ 3	40,029.18	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
		te fees for each subsespace L (page 7)	criber group	as shown in the boxes	above.	\$		

Nam	STEM ID# 062634	SY						LEGAL NAME OF OWNE CMN-RUS, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
•		SUBSCRIBER GROUP			JP	SUBSCRIBER GROU	NTEENTH	SEVEN
9 Computa	RORA/S EI	A/GENEVA/N AUR	BATAVIA	COMMUNITY/ AREA	(VILLE	GO/PLANO/YORK	OSWEG	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv						-		
Surchar								
for					•	-	-	
Partiall						-	-	
Distan						-	-	
Station							-	
Otation								
						-		
							<b> </b>	
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							<b></b>	
	0.00			Total DSEs	0.00			otal DSEs
			Croun	Gross Receipts Second	,521.58	s 159,	oup	Gross Receipts First G
	4,728.74	\$ 284	Group	Groot Receipte Cocons				
	4,728.74	\$ 284	Group	Cross resolpte cossin				
	0.00	\$ 28		Base Rate Fee Second	0.00	\$	oup	3ase Rate Fee First Gr
	0.00		Group	Base Rate Fee Second		\$ SUBSCRIBER GROU		
	0.00	\$	Group	Base Rate Fee Second			NTEENTH	NIN
	0.00	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second TV COMMUNITY/ AREA		SUBSCRIBER GROUB/SYCAMORE	NTEENTH	NII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second	JP	SUBSCRIBER GROU	DEKAL	NIN
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIP COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIP COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP	SUBSCRIBER GROUB/SYCAMORE	DEKAL	NIN OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP TON/VERSAILLES	Group ENTIETH S LEXINGT	Base Rate Fee Second TV COMMUNITY/ AREA	JP DSE	SUBSCRIBER GROUB/SYCAMORE	DEKAL	CALL SIGN
	0.00 P S/RICHMO DSE 0.00	SUBSCRIBER GROUF TON/VERSAILLES  CALL SIGN	DSE DSE	TV COMMUNITY/ AREA CALL SIGN  Total DSEs	DSE DSE O.000	SUBSCRIBER GROUB/SYCAMORE  CALL SIGN	DSE	NIN COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
	0.00  P S/RICHMO  DSE	SUBSCRIBER GROUF TON/VERSAILLES  CALL SIGN	DSE DSE	Base Rate Fee Second TV COMMUNITY/ AREA CALL SIGN	JP DSE	SUBSCRIBER GROUB/SYCAMORE  CALL SIGN	DSE	NIN COMMUNITY/ AREA

	062634							
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
_	<b>-</b>	SUBSCRIBER GROUP	-SECOND	TWENTY	JP	SUBSCRIBER GROU	TY-FIRST	TWEN
9 Computat		STER	ROCHES	COMMUNITY/ AREA	ORF	IPORT/BETTEND	DAVEN	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			•		•		-	
Syndicat			•			-		
1			<b>.</b>			_		
Exclusiv			<b>.</b>					
Surchar						_		
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Partiall								
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Station								
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		H					<b> </b>	***************************************
							ļ	
	0.00			Total DSEs	0.00			Γotal DSEs
		s 169	d Croun	Constants Constants	534.98	\$ 295.	oun	Gross Receipts First Gr
	9,324.02	<u> </u>	d Group	Gross Receipts Second	_	<del></del>	oup	
	9,324.02	<u> </u>	u Group	Gross Receipts Second			очр	
	0.00	\$		Base Rate Fee Second	0.00	\$	·	<b>3ase Rate Fee</b> First Gr
	0.00		d Group	Base Rate Fee Second			oup	
	0.00	\$	d Group	Base Rate Fee Second		\$	oup Y-THIRD	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA		\$ SUBSCRIBER GROU	oup Y-THIRD	TWENT
	0.00	\$ SUBSCRIBER GROUP	d Group ′-FOURTH	Base Rate Fee Second	JP	\$	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	0.00	\$ SUBSCRIBER GROUP WOOD/CLAYTON/T	d Group ′-FOURTH	Base Rate Fee Second TWENTY COMMUNITY/ AREA	JP DSE	\$ SUBSCRIBER GROU	Y-THIRD AMES	TWENT COMMUNITY/ AREA  CALL SIGN
	0.00  TIPP CITY  DSE  0.00	SUBSCRIBER GROUP WOOD/CLAYTON/T  CALL SIGN	d Group  /-FOURTH  ENGLEV  DSE	TWENTY COMMUNITY/ AREA CALL SIGN  Total DSEs	DSE DSE O.000	SUBSCRIBER GROU	Y-THIRD  AMES  DSE	TWENT COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
	0.00  TIPP CITY  DSE	SUBSCRIBER GROUP WOOD/CLAYTON/T  CALL SIGN	d Group  /-FOURTH  ENGLEV  DSE	Base Rate Fee Second TWENTY COMMUNITY/ AREA  CALL SIGN	JP DSE	SUBSCRIBER GROU	Y-THIRD  AMES  DSE	TWENT

LEGAL NAME OF OWNE	R OF CABL	LE SYSTEM:				S	062634	Name
		COMPUTATION O		TE FEES FOR EACH		BER GROUP SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	LANSIN	NG/EAST LANSII	NG	COMMUNITY/ AREA	TALLAH	ASSEE		<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		<b>-</b>						Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 9	,885.60	Gross Receipts Secor	nd Group	\$	71,506.98	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GRO	UP	i i		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	JAGUA	AR		COMMUNITY/ AREA	ROCK	SLAND		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WUPX-Ion	1.00			
		-						
		-						
Total DSEs			0.00	Total DSEs			1.00	
Gross Receipts Third (	Group	s 1,085	5,078.88	Gross Receipts Fourth	n Group	\$	14,878.14	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	158.30	
ase Rate Fee: Add th			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	ER OF CABL	E SYSTEM:				S	YSTEM ID# 062634	Name
		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	UP	•
COMMUNITY/ AREA	FAYET	TEVILLE		COMMUNITY/ AREA	***************************************		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WUPX-lon	1.00							Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
						_		
Total DSEs	<u> </u>		1.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 21	,232.80	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G			225.92	Base Rate Fee Secon		\$	0.00	
	TY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
					<u> </u>			
			•					
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
ne <b>ba</b>	ase rat	e fees for each subscipace L (page 7)		Base Rate Fee Fourth		\$	0.00	

							062634	Name
COMMUNITY/ AREA	LOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	^
	GREEN	ICASTLE		COMMUNITY/ AREA	SEYMO	UR/NORTH VERN	NON	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
		-				<del>-</del>		Syndicated
								Exclusivity
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		H						Surcharge
								for
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		H			<u> </u>	H		
			<u> </u>			H		
	<u> </u>				_			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 160	,894.20	Gross Receipts Secon	nd Group	\$ 4	71,258.42	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	VINCE	NNES		COMMUNITY/ AREA	MADISO	N		
CALL SICN	Трег	I CALL SICN	Dec	CALL SIGN	Dec	CALL SIGN	Dec	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>					H		
Total DSEs			0.00	Total DSEs			0.00	
	Group	\$ 222	0.00	Total DSEs  Gross Receipts Fourth	n Group	<u>\$</u>	0.00	
Total DSEs Gross Receipts Third (	·	\$ 222	2,594.30	Gross Receipts Fourth	·		339,383.82	
	·	\$ 222			·	\$ 3		
Gross Receipts Third (	·	\$ 222	2,594.30	Gross Receipts Fourth	·		339,383.82	

## Nonpermitted 3.75 Stations

N1	O62634	SY					R OF CABL	CMN-RUS, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
	Р	SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GRO	FIFTH	
9 Computa		MANCHESTER	NORTH	COMMUNITY/ AREA		SH	WABAS	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and					••••••	-		
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1		-	<b>.</b>		<b></b>	-	<del> </del>	
		H					<b> </b>	
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				Total DSEs	0.00			otal DSEs
•	0.00							
		\$ 6	d Group	Gross Receipts Secon	031.98	\$ 162	oup	Bross Receipts First Gi
	0.00	\$ 6	d Group	Gross Receipts Second	031.98	\$ 162	oup	Gross Receipts First Gi
		\$ 6 \$		Gross Receipts Second	0.00	\$ 162 <sub>.</sub>		·
	0.00		d Group		0.00		oup	dase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group		0.00	\$ SUBSCRIBER GROU	oup	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	sase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	oup SEVENTH	dase Rate Fee First G
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Sase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Sase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Sase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	ase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP RSVILLE	d Group  EIGHTH  CONNER	Base Rate Fee Second COMMUNITY/ AREA	<b>0.00</b> JP	SUBSCRIBER GROUNGTON	oup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00  P  DSE  0.00	SUBSCRIBER GROUDERSVILLE  CALL SIGN	DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	SUBSCRIBER GROUNGTON  CALL SIGN	OUP  EVENTH  HUNTIN  DSE	CALL SIGN  Cotal DSEs
	0.00  P  DSE	SUBSCRIBER GROUDERSVILLE  CALL SIGN	DSE	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROUNGTON  CALL SIGN	OUP  EVENTH  HUNTIN  DSE	CALL SIGN

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:				\$	062634	Name
В		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	NEW C	ASTLE		COMMUNITY/ AREA	LEBANG	ON		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		_			ļ	 		and
		-						Syndicated
						H		Exclusivity
								Surcharge for
	<u> </u>							Partially
		-						Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 190	),591.20	Gross Receipts Secon	d Group	\$	178,038.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	)UP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	FRANK	(LIN/GREENWO	OD	COMMUNITY/ AREA	LAFAYE	TTE		
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 (	Group	\$ 554	1,683.50	Gross Receipts Fourth	Group	\$	766,646.10	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		te fees for each subs						

## Nonpermitted 3.75 Stations

Name	O62634							CMN-RUS, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU			JP	SUBSCRIBER GROU		
Computa	RMEL/ZIC	ELD/FISHERS/CA	WESTFII	COMMUNITY/ AREA		FORDSVILLE	CRAWF	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
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for			-			-	-	
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	0.00			Total DSEs	0.00			otal DSEs
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	16 572 30	• 70	d Group	Gross Receipts Second			niin	
	06,572.30	\$ 70	d Group	Gross Receipts Second	407.00	\$ 241,	roup	iloss Receipts Filst Gi
	0.00	\$ 70 \$		Gross Receipts Second  Base Rate Fee Second	0.00	\$		
	0.00		d Group	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	-oup	a <b>se Rate Fee</b> First Gr
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	0.00	SUBSCRIBER GROU	oup	i <b>ase Rate Fee</b> First Gi
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	\$ SUBSCRIBER GROU	TEENTH PLAINF	ase Rate Fee First Gi FIF OMMUNITY/ AREA
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	ase Rate Fee First Gi FIF OMMUNITY/ AREA
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	ase Rate Fee First Gi FIF OMMUNITY/ AREA
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	FIF:
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	FIF:
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	FIFE COMMUNITY/ AREA
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	FIF:
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	ase Rate Fee First Gi FIF OMMUNITY/ AREA
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	FIF:
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	FIF:
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	FIF:
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	FIFE COMMUNITY/ AREA
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	COMMUNITY/ AREA
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	ase Rate Fee First Gi FIF OMMUNITY/ AREA
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	ase Rate Fee First Gi FIF OMMUNITY/ AREA
	<b>0.00</b>	\$ SUBSCRIBER GROU	d Group  XTEENTH  BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP LE	SUBSCRIBER GROU	TEENTH PLAINF	FIE COMMUNITY/ AREA
	0.00	SUBSCRIBER GROUINGTON  CALL SIGN	d Group  XTEENTH  BLOOMI  DSE	Base Rate Fee Second SI COMMUNITY/ AREA CALL SIGN Total DSEs	0.00  JP  LE  DSE	SUBSCRIBER GROUE FIELD/ROMEOVIL  CALL SIGN	TEENTH PLAINF DSE	CALL SIGN  CALL SIGN  otal DSEs
	DSE	SUBSCRIBER GROUINGTON  CALL SIGN	d Group  XTEENTH  BLOOMI  DSE	Base Rate Fee Second SI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUE FIELD/ROMEOVIL  CALL SIGN	TEENTH PLAINF DSE	FIFE COMMUNITY/ AREA

Name	962634 062634	S						CMN-RUS, INC.
				TE FEES FOR EACH				
9	EIGHTEENTH SUBSCRIBER GROUP					SUBSCRIBER GROU		
Computa	RORA/S EI	A/GENEVA/N AU	BAIAVI	COMMUNITY/ AREA	VILLE	30/PLANO/YORK	OSWEG	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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1				Total DSEs	0.00			otal DSEs
	0.00							
	0.00 84,728.74	\$ 2	d Group	Gross Receipts Secon	521.58	<b>\$</b> 159,	roup	Gross Receipts First G
		\$ 2	d Group	Gross Receipts Seco	521.58	\$ 159,	roup	Gross Receipts First G
		\$ 2	·	Gross Receipts Secon	0.00	<u>\$</u> 159,	•	·
	0.00		d Group	Base Rate Fee Secon	0.00		roup	ase Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon	0.00	\$	roup	iase Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	roup	ase Rate Fee First G
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	ase Rate Fee First Gi NII OMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	ase Rate Fee First Gi NII OMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	ase Rate Fee First Gi NII OMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	ase Rate Fee First Gi NII OMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	iase Rate Fee First Gi Nii OMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	iase Rate Fee First Gi Nii OMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	iase Rate Fee First Gi Nii OMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	Sase Rate Fee First Gi NII COMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	Sase Rate Fee First Gi NII COMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	Base Rate Fee First Gi NII COMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	COMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	Base Rate Fee First Gi NII COMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	Sase Rate Fee First Gi NII COMMUNITY/ AREA
	0.00 JP S/RICHMO	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon	0.00	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	ase Rate Fee First Gi NII OMMUNITY/ AREA
	0.00  JP  S/RICHMO  DSE	\$ SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH LEXING	Base Rate Fee Secon  T COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROUB/SYCAMORE	TOUP  TEENTH  DEKAL	NIN COMMUNITY/ AREA  CALL SIGN
	0.00  UP  S/RICHMO  DSE  0.00	SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH  LEXING  DSE	Base Rate Fee Second T COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROUB/SYCAMORE  CALL SIGN	DSE	NIP COMMUNITY/ AREA  CALL SIGN  Total DSEs
	0.00  JP  S/RICHMO  DSE	SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH  LEXING  DSE	Base Rate Fee Secon  T COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROUB/SYCAMORE  CALL SIGN	DSE	NIP COMMUNITY/ AREA  CALL SIGN  Total DSEs
	0.00  UP  S/RICHMO  DSE  0.00	SUBSCRIBER GROUTON/VERSAILLE	d Group VENTIETH  LEXING  DSE	Base Rate Fee Second T COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROUB/SYCAMORE  CALL SIGN	DSE	Base Rate Fee First Gi NII COMMUNITY/ AREA
	0.00  UP  S/RICHMO  DSE  0.00	SUBSCRIBER GROUTON/VERSAILLE	d Group  VENTIETH  LEXING  DSE  Group	Base Rate Fee Second T COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROUB/SYCAMORE  CALL SIGN	DSE DSForup	CALL SIGN  Cotal DSEs

	062634	S					R OF CABL	LEGAL NAME OF OWNE CMN-RUS, INC.
	ID.			TE FEES FOR EACH				
<b>9</b> Computati			TWENTY-SECOND  COMMUNITY/ AREA ROCHE		SUBSCRIBER GROUP PORT/BETTENDORF			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Γotal DSEs
	69,324.02	s 16	d Group	Gross Receipts Secon	534.98	s 295,	roun	Gross Receipts First Gr
		<u> </u>	a Oloup	Cross Resempte Seesing			оцр	or and the control of the control of
		\$			0.00			
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		SUBSCRIBER GROU				SUBSCRIBER GROU		
	P	SUBSCRIBER GROU	-FOURTH				Y-THIRD	TWENT
	P	SUBSCRIBER GROU	-FOURTH	TWENTY			Y-THIRD	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	COMMUNITY/ AREA
	TIPP CITY	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Y-THIRD AMES	TWENT
	DSE	SUBSCRIBER GROU	-FOURTH	TWENTY COMMUNITY/ AREA  CALL SIGN	JP DSE	SUBSCRIBER GROU	Y-THIRD AMES	TWENT COMMUNITY/ AREA  CALL SIGN
	DSE DSE DO O.000	SUBSCRIBER GROU  NOOD/CLAYTON/  CALL SIGN	DSE	TWENTY COMMUNITY/ AREA  CALL SIGN  Total DSEs	JP  DSE  0.00	CALL SIGN	Y-THIRD  AMES  DSE	TWENT COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
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LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABI	LE SYSTEM:				S	962634	Name
TWEN	ΓY-FIFTH	SUBSCRIBER GRO	UP		NTY-SIXTH	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	LANSII	NG/EAST LANSI	NG	COMMUNITY/ AREA	TALLAI	HASSEE	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<b></b>							and Syndicated
		-						Exclusivity
								Surcharge
								for Partially
	<b></b>							Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	9,885.60	Gross Receipts Secon	nd Group	\$	71,506.98	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWENTY-S	EVENTH	SUBSCRIBER GRO	UP	TWEN	ΓΥ-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	JAGUA	AR		COMMUNITY/ AREA	ROCK	SLAND		
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	iroup	\$ 1,085	5,078.88	Gross Receipts Fourth	h Group	\$	14,878.14	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
ase Rate Fee: Add th			scriber group	as shown in the boxes	above.	\$		

Name	062634							
				TE FEES FOR EAC				
9		SUBSCRIBER GROU	THIRTIETH		JP	SUBSCRIBER GROU		
Computa	COMMUNITY/ AREA 0					IEVILLE	FAYET	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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