U.S. COPYRIGHT OFFICE INSTRUCTIONS FOR THE SA3E LONG FORM – EXCEL FORMAT The SA3E is a U.S. Copyright Office Form Email completed workbook to:

coplicsoa@copyright.gov

Submitting the form:

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

• When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do <u>not</u> print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

Alphabetization: Alphabetization is NOT required for any spaces.

• *Excel:* The form was designed for optimum use with Excel 2007 and later versions. A computer that runs Excel 2003 can be used to complete the form but, as described below, it may be necessary to bypass certain error messages generated by

• *Protection:* All tabs of the SA3E Long Form Excel spreadsheet have been protected in Excel so that the user does not accidentally edit the underlying formulas that allow the form to function properly. **The form is designed to function with all tabs in protected mode. It is strongly recommended that you do not unprotect any tabs on the form.**

the tab you wish to view/edit. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

General Data Input tab

Ensure that the proper accounting period is filled in numerical format (*e.g.,* "2017/1") next to the "ACCOUNTING PERIOD:" listed at the top of the page. Failure to enter the accounting period here will cause the form to not populate the correct accounting period on the header of each page of the Statement of Account.

Space A – fill in the accounting period in text form (*e.g.*, for 2017/1, fill-in "January 1 – June 30, 2017")

• Space B – If this is the system's first filing, place an "X" in the appropriate box and leave the system ID number blank. Otherwise, fill in the system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January-June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER. free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Spaces C, E, F, M, N, O – Fill in all applicable information in the appropriate highlighted boxes.

Gross Receipts tab

subscriber groups.

• Users that wish to name individual subscriber groups by community names or other designations may fill in the "Subgroup/Community Name" column.

Cable systems that have subscriber groups should fill in the individual subscriber group gross receipts in the "Gross Receipts" column. The "Subgroup Gross Receipts Total" box will automatically add together all entries from the "Gross Receipts" column allowing users to ensure their total gross receipts match the cumulative gross receipts of the system's subscriber groups. The form will display an "OUT OF BALANCE" error message if the "Gross Receipts" column total fails to

Notes tab

The notes tab is available for user input to provide notes or other information for the Copyright Examiner.

Signals tab

Enter the call signs, broadcast channel numbers, type of station, location of station, and enter/select what the basis of carriage would be if the station was distant (*e.g.,* "O" "E" or "LAC") (filling in this column will not automatically classify the signal as distant on Space G). The DSE column will automatically populate with the correct DSE value based on the type of station classification. In unused rows, "#N/A" will display in the DSE column, but this will not impact the form's operation.

It is only necessary to list signals that are carried in multiple channel lineups once on the Signals tab. Listing a signal twice will not interfere with the operation of the form if the listings are identical; however, if the same signal is listed more than once and the listings are different, errors will occur in other portions of the form.

• Note that this tab can accommodate up to 1285 stations and, if desired, can be used as a master list for multiple SOA filings. In other words, an operator may fill out the signals tab with all the signals from multiple SOA filings and copy the signal information into other Excel SA3E long form signal tabs to simplify data entry. Signals listed in the signals tab that are not carried on the system for which the particular form is being completed will not impact the rest of the form's operation.

Detailed instructions are located at the end of the paper SA3 form, located at:

https://www.copyright.gov/forms/sa3.pdf

Page 1 – Spaces A-C

- Spaces A, B and C will automatically populate with information from the General Data Input tab, including a barcode. Note that the barcode will only display if the barcode font has been downloaded as described above.
 - Space D will automatically populate with the information for the first community listed on the "Page 1b Space D(1)" tab.

Page 1b – Space D

- All community names, states, channel lineups and subgroup numbers can be manually entered in the highlighted areas.
- Add rows as needed so that all communities are listed in space D.

Page 2 – Spaces E-F

- Blocks 1 of both Spaces E and F will automatically populate with information from the General Input Data tab.
- Information can be manually entered into the highlighted areas of Block 2 for both Space E and F.

Page 3 – Space G (AA-AW)

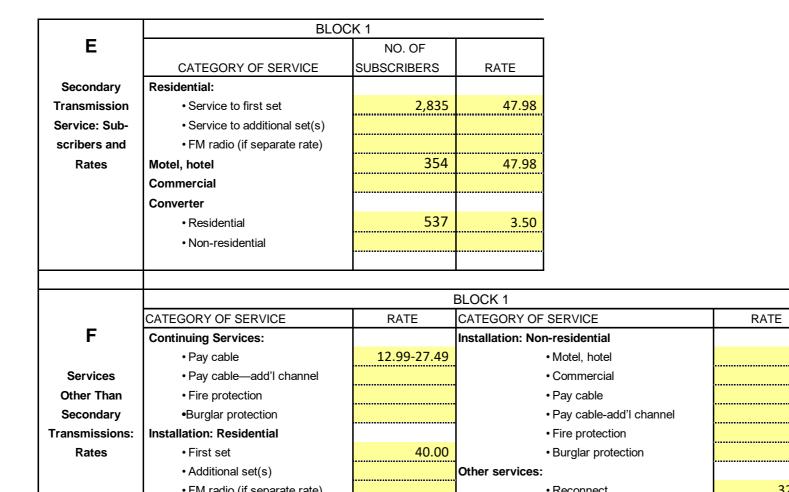
Fill in all the call signs for each channel lineup and select whether the signal is local or distant in the areas served by the

• The broadcast channel number, type of station, basis of carriage (if the station is selected as distant) and location of station columns will automatically populate with information from the Signals tab.

 A
 ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

 Accounting Period
 2018/1
 (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

	INSTR	RUCTIONS:							
В	Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full								
Owner	corpo	orate title of the subsidiary, not that of the parent corporation.							
	In lin	e 2, list any other names under which the owner conducts the business of the cable system.							
	If the	ere were different owners during the accounting period, only the owner on the last day of the accounting period should submit							
	a sin	gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DA						
	X	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	Filing Period						
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
		Nittany Media, Inc.							
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):							
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:							
		18 N. Juniata St, PO Box 111							
		(Number, street, rural route, apartment, or suite number)							
		Lewistown, PA 17044							
		(City, town, state, zip)							
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	_						
		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
С	name								
System	1	IDENTIFICATION OF CABLE SYSTEM:							
	1								
		MAILING ADDRESS OF CABLE SYSTEM:							
	2								
		(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							



	 FM radio (if separate rate) 		Reconnect		32.25		
	Converter		Disconnect		25.00		
			Outlet relocation		20.00		
			Move to new add	lress	32.25		
	CHANNELS						
Μ	Instructions: You must give (1)	the number of cha	annels on which the cable syste	m carried tele	vision broadcas	t stations	
	to its subscribers and (2) the cab						
Channels					general general		
Chamber	1. Enter the total number of char	nala an which the	achla				
						51	
	system carried television broad	icast stations					
	2. Enter the total number of activ	ated channels					
	on which the cable system car	ried television broa	adcast stations			187	
	and nonbroadcast services					107	
Ν	INDIVIDUAL TO BE CONTACTE		NFORMATION IS NEEDED: (Ide	entify an indiv	ridual		
	we can contact about this statem	nent of account.)					
Individual to							
Individual to Be Contacted							
	Name	Craig Yohn			Telephone	717-363-6301	
Be Contacted	Name				Telephone	717-363-6301	
Be Contacted for Further	Name Address	18 N. Juniata	St, PO Box 111		Telephone	717-363-6301	
Be Contacted for Further		18 N. Juniata	St, PO Box 111 ber, street, rural route, apartment, or	suite number)	Telephone	717-363-6301	
Be Contacted for Further		18 N. Juniata	per, street, rural route, apartment, or PA 17044			717-363-6301	
Be Contacted for Further		18 N. Juniata (Numb Lewistown, P	per, street, rural route, apartment, or PA 17044				
Be Contacted for Further		18 N. Juniata (Numb Lewistown, P	per, street, rural route, apartment, or PA 17044				
Be Contacted for Further		18 N. Juniata (Numb Lewistown, P	per, street, rural route, apartment, or PA 17044 town, state, zip)				
Be Contacted for Further	Address	18 N. Juniata (Numb Lewistown, P (City, t	per, street, rural route, apartment, or PA 17044 town, state, zip)				
Be Contacted for Further	Address	18 N. Juniata (Numb Lewistown, P (City, t	per, street, rural route, apartment, or PA 17044 town, state, zip)				
Be Contacted for Further	Address	18 N. Juniata (Numb Lewistown, P (City, t cyohn@nma)	per, street, rural route, apartment, or PA 17044 town, state, zip) k.net		Fax (optional)		
Be Contacted for Further Information	Address Email (optional) CERTIFICATION (This statement of Signature Space O – this form will	18 N. Juniata (Numb Lewistown, P (City, t cyohn@nmax	e certifed and signed in accorda an electronic "/s/" signature (e	ance with Cop .g., /s/John S	Fax (optional) pyright Office reg mith). Do not f	gulations.)	
Be Contacted for Further	Address Email (optional) CERTIFICATION (This statement o	18 N. Juniata (Numb Lewistown, P (City, t cyohn@nmax	e certifed and signed in accorda an electronic "/s/" signature (e	ance with Cop .g., /s/John S	Fax (optional) pyright Office reg mith). Do not f	gulations.)	
Be Contacted for Further Information	Address Email (optional) CERTIFICATION (This statement of Signature Space O – this form will	18 N. Juniata (Numb Lewistown, P (City, t cyohn@nmax	e certifed and signed in accorda an electronic "/s/" signature (e	ance with Cop .g., /s/John S	Fax (optional) pyright Office reg mith). Do not f	gulations.)	
Be Contacted for Further Information	Address Email (optional) CERTIFICATION (This statement of Signature Space O – this form will	18 N. Juniata (Numb Lewistown, P (City, t cyohn@nmax	e certifed and signed in accorda an electronic "/s/" signature (e e signature box in Space O of ta	ance with Cop .g., /s/John S ab "page 8, sp	Fax (optional) pyright Office reg mith). Do not f bace M-O".	gulations.)	
Be Contacted for Further Information	Address Email (optional) CERTIFICATION (This statement of Signature Space O – this form will	18 N. Juniata (Numb Lewistown, P (City, t cyohn@nmax	e certifed and signed in accorda an electronic "/s/" signature (e	ance with Cop .g., /s/John S	Fax (optional) pyright Office reg mith). Do not f bace M-O".	gulations.)	
Be Contacted for Further Information	Address Email (optional) CERTIFICATION (This statement of Signature Space O – this form will	18 N. Juniata (Numb Lewistown, P (City, t cyohn@nmax	PA 17044 town, state, zip) c.net e certifed and signed in accordate an electronic "/s/" signature (e e signature box in Space O of ta Typed or printed name:	ance with Cop .g., /s/John S ab "page 8, sp	Fax (optional) pyright Office reg mith). Do not f bace M-O".	gulations.)	
Be Contacted for Further Information	Address Email (optional) CERTIFICATION (This statement of Signature Space O – this form will	18 N. Juniata (Numb Lewistown, P (City, t cyohn@nmax	PA 17044 town, state, zip) c.net c.n	ance with Cop .g., /s/John S ab "page 8, sp Anna A. H	Fax (optional) ovright Office reg mith). Do not f bace M-O".	gulations.)	
Be Contacted for Further Information	Address Email (optional) CERTIFICATION (This statement of Signature Space O – this form will	18 N. Juniata (Numb Lewistown, P (City, t cyohn@nmax	PA 17044 town, state, zip) c.net e certifed and signed in accordate an electronic "/s/" signature (e e signature box in Space O of ta Typed or printed name:	ance with Cop .g., /s/John S ab "page 8, sp Anna A. H	Fax (optional) ovright Office reg mith). Do not f bace M-O".	gulations.)	
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Be Contacted for Further Information	Address Email (optional) CERTIFICATION (This statement of Signature Space O – this form will	18 N. Juniata (Numb Lewistown, P (City, t cyohn@nmax	PA 17044 town, state, zip) c.net c.n	ance with Cop .g., /s/John S ab "page 8, sp Anna A. H eld in corporation	Fax (optional) ovright Office reg mith). Do not f bace M-O".	gulations.)	

Total Gross Receipts		\$	<mark>854,374.93</mark> ок
Subgroup Gross Receipts Total		\$	854,374.93
Subgroup	Subgroup/Community Name	Gr	oss Receipts

Subgroup		Subgroup/Community Name	Gross Receipts
FIRST 1	L	Bratton Twp, Brown Twp, Granville Twp, M	\$ 293,452.56
SECOND 2	2	Milford Twp	\$ 24,927.30
THIRD 3	3	Fayette Twp., Fermanagh Twp, Mifflin Boro	\$ 210,054.47
FOURTH 4	1	Bloomfield Boro, Center Twp, Delaware Tw	\$ 187,063.07
FIFTH 5	5	Susquehanna Twp	\$ 5,347.02
SIXTH 6	5	McClure Boro	\$ 24,132.11
SEVENTH 7	7	West Beaver Twp	\$ 124.25
EIGHTH 8	3	Chapman Twp, Perry Twp, Union Twp (Snyc	\$ 58,101.99
NINTH 9)	West Perry Twp	\$ 18,880.77
TENTH 10	0	Buffalo Twp, Liverpool Boro	\$ 28,736.67
ELEVENTH 12	1	Liverpool Twp	\$ 3,554.72
TWELVTH 12	2		
THIRTEENTH 13	3		
FOURTEENTH 14	4		
FIFTEENTH 15	5		
SIXTEENTH 16	6		
SEVENTEENTH 17	7		
EIGHTEENTH 18	8		
NINTEENTH 19	9		
TWENTIETH 20	0		
TWENTY-FIRST 22	1		
TWENTY-SECOND 22	2		
TWENTY-THIRD 23	3		
TWENTY-FOURTH 24	4		
TWENTY-FIFTH 25	5		
TWENTY-SIXTH 26	6		
TWENTY-SEVENTH 27	7		
TWENTY-EIGHTH 28	8		
TWENTY-NINTH 29	9		
THIRTIETH 30	0		
THIRTY-FIRST 32	1		
THIRTY-SECOND 32	2		
THIRTY-THIRD 33	3		
THIRTY-FOURTH 34	4		
THIRTY-FIFTH 35	5		
THIRTY-SIXTH 36	6		
THIRTY-SEVENTH 37	7		
THIRTY-EIGHTH 38	8		
THIRTY-NINTH 39	9		
FORTIETH 40	0		
-			

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
WBRE	28.1	Ν	Wilkes Barre, PA	0.250	0
WBRE	20.4	N		0.250	F
(Simulcast) WBRE-2	28.1	N	Wilkes Barre, PA	0.250	E
WBRE-2 WBRE-3	28.2	I-M I-M	Wilkes Barre, PA	1.000	0
WBRE-3 WBRE-4	28.3 28.4	I-IVI I-M	Wilkes Barre, PA Wilkes Barre, PA	1.000 1.000	0
WBRE-4 WGAL	28.4 8.1	N	Lancaster, PA	0.250	0 0
WGAL	0.1	IN		0.230	0
(Simulcast)	8.1	N	Lancaster, PA	0.250	E
WGAL-2	8.2	I-M	Lancaster, PA	1.000	0
WGAL-2 WGAL-2	0.2	1-141		1.000	U
(Simulcast)	8.2	I-M	Lancaster, PA	1.000	Е
WHP	21.1	N	Harrisburg, PA	0.250	0
WHP	21.1			0.250	U
(Simulcast)	21.1	N	Harrisburg, PA	0.250	Е
WHP-2	21.2	I-M	Harrisburg, PA	1.000	0
WHP-2	21.2			1.000	Ũ
(Simulcast)	21.2	I-M	Harrisburg, PA	1.000	E
WHP-3	21.3	I-M	Harrisburg, PA	1.000	0
WHP-3	21.0			1.000	Ũ
(Simulcast)	21.3	I-M	Harrisburg, PA	1.000	E
(,					_
WHTM	27.1	Ν	Harrisburg, PA	0.250	0
WHTM					
(Simulcast)	27.1	Ν	Harrisburg, PA	0.250	Е
WHTM-2	27.2	I-M	Harrisburg, PA	1.000	0
WHTM-2					
(Simulcast)	27.2	I-M	Harrisburg, PA	1.000	Е
WHTM-3	27.3	I-M	Harrisburg, PA	1.000	0
WHTM-4	27.4	I-M	Harrisburg, PA	1.000	0
WHVL-LD	29.1	I	State College, PA	1.000	0
				#N/A	
WITF	33.1	E	Harrisburg, PA	0.250	0
WITF					
<mark>(Simulcast)</mark>	33.1	E	Harrisburg, PA	0.250	E
WITF-2	33.2	E-M	Harrisburg, PA	0.250	0
WKBS-TV	47.1	I	Altoona, PA	1.000	0
WLYH	49.1	I	Red Lion PA	1.000	0
WLYH					
(Simulcast)	49.1	l	Red Lion PA	1.000	E
WNEP	16.1	N	Scranton, PA	0.250	0
WNEP-2	16.2	I-M	Scranton, PA	1.000	0
WOLF	56.1	I	Hazleton, PA	1.000	0
WOLF		·			_
(Simulcast)	56.1	I	Hazleton, PA	1.000	E
WPMT	43.1	I	York, PA	1.000	0

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WPMT	Number	Station		DJL	Carriage
(Simulcast)	43.1	I	York, PA	1.000	Е
WPMT-2	43.2	I-M	York, PA	1.000	0
WPSU	3.1	Е	Clearfield, PA	0.250	0
WQMY	53.1	I.	Williamsport, PA	1.000	0
WQPX	64.1	I.	Scranton, PA	1.000	0
WSWB	38.1	I	Scranton, PA	1.000	0
WSWB-2	38.2	I-M	Scranton, PA	1.000	0
WSWB-3	38.3	I-M	Scranton, PA	1.000	0
WSWB-4	38.4	I-M	Scranton, PA	1.000	0
WVIA	44.1	E	Scranton, PA	0.250	0
WVIA-2	44.2	E-M	Scranton, PA	0.250	0
WVIA-3	44.3	E-M	Scranton, PA	0.250	0
WXBU	15.1	I	Lancaster, PA	1.000	0
WYOU	22.1	Ν	Scranton, PA	0.250	0
WYOU-2	22.2	I-M	Scranton, PA	1.000	0
WYOU-3	22.3	I-M	Scranton, PA	1.000	0
WYOU-4	22.4	I-M	Scranton, PA	1.000	0
				#N/A	
				#N/A #N/A	
				#N/A	
				, #N/A	
				, #N/A	
				#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A	
				, #N/A	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
				#N/A	
				#N/A #N/A	
				#N/A	
				#N/A #N/A	
				#N/A	
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	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
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	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
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	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
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	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
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	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
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	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
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	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station 6. Location of S	tation	DSE	Carriage
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station		Carriage
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station		Carriage
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station		Carriage
			#N/A	
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station		Carriage
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station		Carriage
			#N/A	
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station		Carriage
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station		Carriage
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			#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
				#N/A	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nittany Media, Inc.	*20181*

Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

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

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting Period	2018/1						
B Owner	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. X						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Nittany Media, Inc.						
	18 N. Juniata St, PO Box 111 Lewistown, PA 17044			2018/1			
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						
		frankrika frataamm		liet en nore 1h			
D	Instructions: For complete space D instructions, see page 1b. Identitivity with all communities.	ly only the list confin	furnity served below and re	list on page 15			
Area Served	CITY OR TOWN	STATE					
First	Bratton Township (Mifflin County)	ΡΑ					
Community	Below is a sample for reporting communities if you report multiple c	hannel line-ups in S	pace G.				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#			
Sample	Alda	MD	Α	1			
•	Alliance	MD	В	2			
	Gering	MD	В	3			
form in order to proo numbers. By provid search reports prep	: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect cess your statement of account. PII is any personal information that can be used to identify ing PII, you are agreeing to the routine use of it to establish and maintain a public record, v ared for the public. The effect of not providing the PII requested is that it may delay proces is statements of account, and it may affect the legal suffciency of the fling, a determination t	v or trace an individual, su which includes appearing i using of your statement of	ch as name, address and telepho n the Offce's public indexes and i account and its placement in the	ne			

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

FORM SA3E. PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
Nittany Media, Inc.							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon below the identified city or town.	ne parks should b	e reported in pare	entheses				
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-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b	d a subscriber gro						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
Bratton Township (Mifflin County)	PA	A	1	First			
Brown Township (Mifflin County)	PA	A	1	Community			
Granville Township (Mifflin County)	PA	A	1				
McVeytown Borough (Mifflin County)	PA	A	1				
Menno Township (Mifflin County)	PA	A	1				
Oliver Township (Mifflin County)	PA	A	1	See instructions for			
Union Township (Mifflin County)	PA DA	A	1	additional information on alphabetization.			
Wayne Township (Mifflin County)	PA PA	A	1				
Milford Township (Juniata County) Fayette Township (Juniata County)	PA PA	A A	2 3				
Fermanagh Township (Juniata County)	PA PA	A	3				
Mifflin Borough (Juniata County)	PA PA	A	3	Add rows as necessary.			
Mifflintown Borough (Juniata County)	PA	Â	3				
Walker Township (Juniata County)	PA	Â	3				
Bloomfield Borough (Perry County)	PA	A	4				
Center Township (Perry County)	PA	A	4				
Delaware Township (Juniata County)	PA	A	4				
Greenwood Township (Juniata County)	PA	A	4				
Monroe Township (Juniata County)	PA	A	4				
Port Royal Borough (Juniata County)	PA	A	4				
Saville Township (Perry County)	PA	Α	4				
Spring Township (Perry County)	PA	Α	4				
Thompsontown Borough (Juniata County)	PA	Α	4				
Turbett Township (Juniata County)	PA	Α	4				
Tuscarora Township (Perry County)	PA	Α	4				
Susquehanna Township (Juniata County)	PA	Α	5				
McClure Borough (Snyder County)	PA	В	6				
West Beaver Township (Snyder County)	PA	В	7				
Chapman Township (Snyder County)	PA	С	8				
Perry Township (Snyder County)	PA	С	8				
Union Township (Snyder County)	PA	С	8				
Washington Township (Snyder County)	PA	С	8				
West Perry Township (Snyder County)	PA	С	9				
Buffalo Township (Perry County)	PA	D	10				
Liverpool Borough (Perry County)	PA	D	10				
Liverpool Township (Perry County)	PA	D	11				

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	LEGAL NAME OF OWNER OF CABL	E SYSTEM:							S	SYSTEM IC			
Name	Nittany Media, Inc.												
	SECONDARY TRANSMISSION	SERVICE: SUB	BSCRI	BERS AND RA	TES								
E	In General: The information in s	pace E should c	cover a	all categories o	f secondar	•							
	system, that is, the retransmission												
Secondary Transmission	about other services (including p						be th	iose exist	ing on the				
Service: Sub-	last day of the accounting period Number of Subscribers: Both						cab	le system	broken				
scribers and	down by categories of secondary	•						•					
Rates	each category by counting the n	umber of billings	s in tha	at category (the	number o	f persons or	orga	anizations					
	separately for the particular serv												
	Rate: Give the standard rate c unit in which it is generally billed.	-	-										
	category, but do not include disc				iny standa		10113	within a p					
	Block 1: In the left-hand block				ries of sec	ondary trans	miss	sion servio	ce 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												
	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												
	with the number of subscribers a sufficient.	nd rates, in the	rignt-r	nand block. A ti	vo- or thre	e-word desc	riptic	on of the s	service is				
		DCK 1						BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEI	RS	RATE	CATE	GORY OF SERVICE SUBSCRIBER				RATE			
	Residential:												
	 Service to first set 	2,	,835	\$ 47.98									
	 Service to additional set(s) 												
	 FM radio (if separate rate) 												
	Motel, hotel		354	\$ 47.98									
	Commercial												
	Converter												
	 Residential 		537										
			557	\$ 3.50									
	Non-residential		557	\$ 3.50									
-	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATES		ll your cable	syst	em's serv	ices that were				
F	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t	DNDARY TRAN e (not subscribe nose services th	ISMIS: er) info nat are	SIONS: RATES prmation with re not offered in	espect to al combination	on with any s	ecor	ndary tran	smission				
_	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar	DNDARY TRAN e (not subscribe nose services th e two exception	ISMISS er) info nat are is: you	SIONS: RATES prmation with re not offered in do not need to	espect to al combination give rate	on with any s information of	ecor conc	ndary tran erning (1)	smission services				
Services	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services	DNDARY TRAN e (not subscribe nose services th e two exception or facilities furnis	ISMIS: er) info nat are is: you ished to	SIONS: RATES prmation with re- e not offered in do not need to o nonsubscribe	espect to a combinatio give rate ers. Rate ir	on with any s information on formation sh	ecor conc nould	ndary tran erning (1) d include l	smission services both the				
Services Other Than	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur	DNDARY TRAN e (not subscribe nose services th e two exception or facilities furnis it in which it is u	ISMIS: er) info nat are is: you ished to	SIONS: RATES prmation with re- e not offered in do not need to o nonsubscribe	espect to a combinatio give rate ers. Rate ir	on with any s information on formation sh	ecor conc nould	ndary tran erning (1) d include l	smission services both the				
Services Other Than Secondary	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat	DNDARY TRAN e (not subscribe nose services th e two exception or facilities furnis it in which it is u rate column. e charged by th	ISMISS er) info nat are is: you ished to usually ne cable	SIONS: RATES prmation with re not offered in do not need to o nonsubscribe billed. If any ra e system for ea	espect to a combinatio give rate ers. Rate ir ates are ch ach of the a	on with any s information on formation sh arged on a v applicable se	ecor conc noulo varia	ndary tran erning (1) d include l ble per-pr es listed.	smission services both the rogram basis,				
Services Other Than Secondary	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	DNDARY TRAN e (not subscribe nose services th e two exception or facilities furnis it in which it is u rate column. e charged by th your cable syst	ISMISS er) info nat are is: you shed to shed to usually ie cablo tem fur	SIONS: RATES prmation with re- e not offered in do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer	espect to a combinatio give rate ers. Rate ir ates are ch ach of the a ed during	on with any s information on formation sh arged on a w applicable se the accounting	ecor conc noulo varia ervice	ndary tran erning (1) d include l ble per-pr es listed. eriod that	smission services both the rogram basis, were not				
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Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	DNDARY TRAN e (not subscribe nose services th e two exception or facilities furnis it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE	ISMISE er) info nat are is: you shed to usually ie cable is cable is are was r e the ra K 1 CATEC nstalla	SIONS: RATES ormation with re- e not offered in do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer made or establi- ate for each.	espect to a combinatio give rate ers. Rate ir ates are ch ach of the a ed during shed. List	on with any s information of formation sh arged on a v applicable se the accounting these other s	ecor conc varia ervice ng p servi	ndary tran erning (1) d include I ble per-pr es listed. eriod that ices in the	smission services both the rogram basis, were not e form of a BLOCK 2				
Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	DNDARY TRAN e (not subscribe nose services the two exception or facilities furnis it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE	ISMISS er) info nat are is: you ished to usually ne cable tem fur e the ra K 1 CATEC nstalla • Mo	SIONS: RATES prmation with re- e not offered in do not need to o nonsubscribe billed. If any ra- e system for ea rnished or offer made or establi- ate for each.	espect to a combinatio give rate ers. Rate ir ates are ch ach of the a ed during shed. List	on with any s information of formation sh arged on a v applicable se the accounting these other s	ecor conc varia ervice ng p servi	ndary tran erning (1) d include I ble per-pr es listed. eriod that ices in the	smission services both the rogram basis, were not e form of a BLOCK 2				
Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	DNDARY TRAN e (not subscribe nose services th e two exception or facilities furnis it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE	ISMISS er) info nat are is: you shed to usually ie cable dem fur e was r e the ra K 1 CATEC nstalla • Mor • Cor	SIONS: RATES prmation with re- a not offered in do not need to o nonsubscriber billed. If any ra- rished or offer made or establi- ate for each. <u>SORY OF SER</u> ation: Non-res- tel, hotel	espect to a combinatio give rate ers. Rate ir ates are ch ach of the a ed during shed. List	on with any s information of formation sh arged on a v applicable se the accounting these other s	ecor conc varia ervice ng p servi	ndary tran erning (1) d include I ble per-pr es listed. eriod that ices in the	smission services both the rogram basis, were not e form of a BLOCK 2				
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Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	DNDARY TRAN e (not subscribe nose services th e two exception or facilities furnis it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE	ISMISS er) info nat are is: you ished to usually ie cable tem fur e the ra K 1 CATEC nstalla • Moo • Cor • Pay • Pay	SIONS: RATES ormation with re- e not offered in do not need to o nonsubscribe r billed. If any ra e system for ea rnished or offer made or establi- ate for each. SORY OF SER ation: Non-res tel, hotel mmercial y cable	espect to all combinatio o give rate ers. Rate in ates are ch ach of the a ed during shed. List <u>VICE</u> idential	on with any s information of formation sh arged on a v applicable se the accounting these other s	ecor conc varia ervice ng p servi	ndary tran erning (1) d include I ble per-pr es listed. eriod that ices in the	smission services both the rogram basis, were not e form of a BLOCK 2				
Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	DNDARY TRAN e (not subscribe nose services th e two exception or facilities furnis it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE	ISMISS er) info nat are is: you ished tu usually ie cable is was r e the ra K 1 CATEC nstalla • Mo • Cor • Pay • Pay • Fire	SIONS: RATES prmation with re- e not offered in do not need to o nonsubscribe billed. If any ra- e system for ea rnished or offer made or establi- ate for each. <u>SORY OF SER</u> ation: Non-res tel, hotel mmercial y cable-add'l ch	espect to all combinatio o give rate ers. Rate in ates are ch ach of the a ed during shed. List <u>VICE</u> idential	on with any s information of formation sh arged on a v applicable se the accounting these other s	ecor conc varia ervice ng p servi	ndary tran erning (1) d include I ble per-pr es listed. eriod that ices in the	smission services both the rogram basis, were not e form of a BLOCK 2				
Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection •Burglar protection Installation: Residential	DNDARY TRAN e (not subscribe nose services the e two exception or facilities furnisities furnisities it in which it is urate column. e charged by the your cable syst separate charge tion and include BLOC RATE 12.99-27.49 \$ 40.00	ISMISE er) info nat are is: you shed to usually he cable is and to usually he cable is and to usually he cable is and to is an is and to is an is and to is an	SIONS: RATES ormation with re- e not offered in do not need to o nonsubscribe billed. If any ra- e system for ea rnished or offer made or establi- ate for each.	espect to all combinatio o give rate ers. Rate in ates are ch ach of the a ed during shed. List <u>VICE</u> idential	on with any s information of formation sh arged on a v applicable se the accounting these other s	ecor conc varia ervice ng p servi	ndary tran erning (1) d include I ble per-pr es listed. eriod that ices in the	smission services both the rogram basis, were not e form of a BLOCK 2				
Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection •Burglar protection Installation: Residential • First set	DNDARY TRAN e (not subscribe nose services the e two exception or facilities furnisities furnisities it in which it is urate column. e charged by the your cable syst separate charge tion and include BLOC RATE 12.99-27.49 \$ 40.00	ISMISS er) info nat are is: you shed to usually ie cable iem fur e the ra K 1 CATEC nstalla • Mo • Cor • Pay • Pay • Fire • Bur Other s	SIONS: RATES ormation with re- e not offered in do not need to o nonsubscribe r billed. If any ra- e system for ea rnished or offer made or establi- ate for each. SORY OF SER ation: Non-res- tel, hotel mmercial y cable- y cable-add'I ch e protection rglar protection	espect to all combinatio o give rate ers. Rate in ates are ch ach of the a ed during shed. List <u>VICE</u> idential	on with any s information of formation sh arged on a v applicable se the accounting these other s	ecor conc varia ervic ng p servi	ndary tran erning (1) d include I ble per-pr es listed. eriod that ices in the	smission services both the rogram basis, were not e form of a BLOCK 2				
Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	DNDARY TRAN e (not subscribe nose services the e two exception or facilities furnisities furnisities it in which it is urate column. e charged by the your cable syst separate charge tion and include BLOC RATE 12.99-27.49 \$ 40.00	ISMISE er) info nat are is: you shed to usually ie cable is was r e the ra K 1 CATEC Nor Cor Cor Pay Pay Fire Bur Other s Cor	SIONS: RATES ormation with re- e not offered in do not need to o nonsubscribe billed. If any ra- e system for ea rnished or offer made or establi- ate for each. SORY OF SER ation: Non-res- tel, hotel mmercial y cable-add'I ch e protection rglar protection services:	espect to all combinatio o give rate ers. Rate in ates are ch ach of the a ed during shed. List <u>VICE</u> idential	on with any s information of formation sh arged on a v applicable set the accounting these other set RATE	ecor conc nould varia ervice ng p servi	ndary tran erning (1) d include I ble per-pr es listed. eriod that ices in the	smission services both the rogram basis, were not e form of a BLOCK 2				
Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	DNDARY TRAN e (not subscribe nose services the e two exception or facilities furnisities furnisities it in which it is urate column. e charged by the your cable syst separate charge tion and include BLOC RATE 12.99-27.49 \$ 40.00	ISMISE er) info nat are is: you shed to usually he cable is and to usually he cable is and to usually he cable is and to was r e the ra was r e the ra Mor • Cor • Pay • Fire • Bur Others • Rec • Dis	SIONS: RATES promation with re- e not offered in do not need to o nonsubscribe billed. If any ra- e system for ea rnished or offer made or establi- ate for each. SORY OF SER ation: Non-res- tel, hotel mmercial y cable y cable-add'I ch e protection rglar protection services: connect	espect to all combinatio o give rate ers. Rate in ates are ch ach of the a ed during shed. List <u>VICE</u> idential	on with any s information of formation sh arged on a v applicable se the accounting these other se RATE	ecor conc nould varia ervic ng p servi	ndary tran erning (1) d include I ble per-pr es listed. eriod that ices in the	smission services both the rogram basis, were not e form of a BLOCK 2				

carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis Substitute Basis Sta basis under specifc FCC • Do not list the station h station was carried on • List the station here, an basis. For further info in the paper SA3 form Column 1: List each	RS: TELEVISIO , identify every stem during the ns in effect or 61(e)(2) and (- s, as explaine ations: With r C rules, regulations: With r C rules, regulations nere in space nly on a substand also in space	y television st he accounting n June 24, 19 4), or 76.63 (n d in the next respect to any ations, or auth G—but do lis titute basis.	period, except 81, permitting th referring to 76.6 paragraph. v distant stations	(1) stations carrie	s and low power television stations)	Name						
In General: In space G, carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis Substitute Basis Sta basis under specifc FCC • Do not list the station h station was carried on • List the station here, an basis. For further info in the paper SA3 form Column 1: List each	, identify every stem during the ns in effect or 61(e)(2) and (- s, as explaine ations: With r C rules, regulation rules, regulation nere in space nly on a substant of also in space	y television st he accounting n June 24, 19 4), or 76.63 (n d in the next respect to any ations, or auth G—but do lis titute basis.	period, except 81, permitting th referring to 76.6 paragraph. v distant stations	(1) stations carrie	s and low power television stations)							
carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis Substitute Basis Sta basis under specifc FCC • Do not list the station h station was carried or • List the station here, an basis. For further info in the paper SA3 form Column 1: List each	stem during the ns in effect or 61(e)(2) and (4 s, as explaine ations: With r C rules, regulation rere in space nly on a substand also in space ormation conc	he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis.	period, except 81, permitting th referring to 76.6 paragraph. v distant stations	(1) stations carrie	s and low power television stations)							
Substitute Basis Sta basis under specifc FCC • Do not list the station h station was carried or • List the station here, ar basis. For further info in the paper SA3 form Column 1: List each	ations: With r C rules, regula here in space nly on a subs nd also in spa prmation conc	respect to any ations, or auth G—but do lis titute basis.	distant 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								
 Do not list the station h station was carried or List the station here, ar basis. For further info in the paper SA3 forn Column 1: List each 	nere in space nly on a subs nd also in spa prmation conc	G—but do lis titute basis.	orizations:	s carried by your	cable system on a substitute program	Transmitters: Television						
 station was carried or List the station here, and basis. For further informing the paper SA3 forming the paper SA3 forming Column 1: List each 	nly on a subs nd also in spa ormation conc	titute basis.										
basis. For further info in the paper SA3 forn Column 1: List each	ormation conc											
Column 1: List each					itute basis and also on some other of the general instructions located							
	station's call	-			es such as HBO, ESPN, etc. Identify							
			•	•	ation. For example, report multi- ch stream separately; for example							
WETA-simulcast).			·		tion for broadcasting over-the-air in							
ts community of license	e. For example	e, WRC is Ch	-		s may be different from the channel							
on which your cable syst Column 3: Indicate in			ation is a netwo	ork station. an ind	ependent station, or a noncommercial							
educational station, by e	entering the le	etter "N" (for n	etwork), "N-M" (for network multie	cast), "I" (for independent), "I-M"							
(for independent multica For the meaning of these	<i>, , , , , , , , , ,</i>		<i>,</i> .	``	ommercial educational multicast). the paper SA3 form.							
Column 4: If the stat	tion is outside	the local serv	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-							
planation of local service Column 5: If you hav					e paper SA3 form. stating the basis on which your							
cable system carried the	e distant statio	on during the	accounting peri	od. Indicate by er	ntering "LAC" if your cable system							
carried the distant statio					capacity. ty payment because it is the subject							
					stem or an association representing							
-				•	ary transmitter, enter the designa-							
· · /			•		other basis, enter "O." For a further ed in the paper SA3 form.							
Column 6: Give the I	location of ea	ch station. Fo	or U.S. stations,	list the communit	ty to which the station is licensed by the							
FCC. For Mexican or Ca Note: If you are utilizing				•	h which the station is identifed.							
		• *	EL LINE-UP	·								
4.0011	D D'CAST	_				-						
1. CALL 2 SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION							
01011	NUMBER	STATION		(If Distant)								
WGAL	8.1	N	No		Lancaster, PA							
WGAL (Simulcast	8.1	N	No		Lancaster, PA	See instructions for						
WGAL-2	8.2	I-M	No		Lancaster, PA	. See instructions for						
						additional information						
WHP	21.1	N	No		Harrisburg, PA							
	21.1 21.2	N I-M	No No			additional information						
WHP-2					Harrisburg, PA	additional information						
WHP-2 WHP-3	21.2	I-M	No		Harrisburg, PA Harrisburg, PA	additional informatio						
WHP-2 WHP-3 WHTM	21.2 21.3	I-M I-M	No No		Harrisburg, PA Harrisburg, PA Harrisburg, PA	additional informatio						
WHP-2 WHP-3 WHTM WHTM-2	21.2 21.3 27.1	I-M I-M N	No No No		Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA	additional information						
WHP-2 WHP-3 WHTM WHTM-2 WHTM-3	21.2 21.3 27.1 27.2	I-M I-M N I-M	No No No No		Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA	additional information						
WHP-2 WHP-3 WHTM WHTM-2 WHTM-3 WHTM-4	21.2 21.3 27.1 27.2 27.3	I-M I-M N I-M	No No No No		Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA	additional information						
WHP-2 WHP-3 WHTM WHTM-2 WHTM-3 WHTM-4 WHVL-LD	21.2 21.3 27.1 27.2 27.3 27.4	I-M I-M N I-M	No No No No No	O	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA	additional informatio						
WHP-2 WHP-3 WHTM WHTM-2 WHTM-3 WHTM-4 WHVL-LD WITF	21.2 21.3 27.1 27.2 27.3 27.4 29.1	I-M I-M I-M I-M I-M I	No No No No No Yes	O	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA	additional informatio						
WHP WHP-2 WHP-3 WHTM-3 WHTM-2 WHTM-3 WHTM-4 WHVL-LD WHVL-LD WITF WITF-2 WKBS-TV	21.2 21.3 27.1 27.2 27.3 27.4 29.1 33.1 33.2	I-M I-M I-M I-M I-M I E	No No No No Yes No No		Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA	additional informatio						
WHP-2 WHP-3 WHTM-3 WHTM-2 WHTM-3 WHTM-4 WHVL-LD WITF WITF-2 WKBS-TV	21.2 21.3 27.1 27.2 27.3 27.4 29.1 33.1 33.2 47.1	I-M I-M I-M I-M I-M I E	No No No No Yes No No Yes	0 0	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Altoona, PA	additional information						
WHP-2 WHP-3 WHTM WHTM-2 WHTM-3 WHTM-4 WHVL-LD WITF WITF-2	21.2 21.3 27.1 27.2 27.3 27.4 29.1 33.1 33.2	I-M I-M I-M I-M I-M I E	No No No No Yes No No		Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA	additional information						
WHP-2 WHP-3 WHTM-3 WHTM-2 WHTM-3 WHTM-4 WHVL-LD WITF WITF-2 WKBS-TV	21.2 21.3 27.1 27.2 27.3 27.4 29.1 33.1 33.2 47.1	I-M I-M I-M I-M I-M I E	No No No No Yes No No Yes		Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Altoona, PA	additional information						

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name		
Nittany Media,	Inc.							
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN						
 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 (2) certain stations carried on a substitute pais stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to is over-the-air designation. For example, report multi-cast stream associated with a station according to is over-the-air designation. For example, report multi-cast stream associ								
	•							
the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	a primary trans simulcasts, also aree categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ssociation repre you carried the) of the general or U.S. stations, e the name of th	esenting the prima channel on any c instructions locate list the communit ne community wit	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. If y to which the station is licensed by the h which the station is identifed.			
-	<u> </u>	CHANN	EL LINE-UP	A (cont)				
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			
WPMT	43.1	I	No		York, PA			
WPMT (Simulcast	43.1	I	No		York, PA			
WPMT-2	43.2	I-M	No		York, PA			
WPSU	3.1	Е	Yes	Ο	Clearfield, PA			
WVIA	44.1	E	Yes	Ο	Scranton, PA			
WVIA-3	44.3	E-M	Yes	0	Scranton, PA			
WXBU	15.1	 I	No		Lancaster, PA			
MADO	10.1							

FORM SA3E. PAGE 3.		/OTE14			OVOTEM ID4	
LEGAL NAME OF OWN		(STEM:			SYSTEM ID#	Name
Nittany Media, I	nc.					
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for 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 5: If you has cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se	6, identify every ystem during to ons in effect or .61(e)(2) and (sis, as explaine tations: With to C rules, regulat here in space only on a subs and also in space only on a subs and also in space only on a subs and also in space formation concorn. h station's call associated with -2". Simulcast e channel numb is	y television st he accounting h June 24, 194 4), or 76.63 (r d in the next p respect to any ations, or auth G—but do lis titute basis. ace I, if the state erning substit sign. Do not r h a station act streams must ber the FCC h e, WRC is Cha the station. whether the st etter "N" (for ne oncommercia page (v) of the es" in column on during the me basis beca is multicast strea n or before Ju mitter or an a o enter "E". If , see page (v)	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations: iorizations: t it in space I (th ation was carried tute basis station report origination cording to its ov t be reported in has assigned to a annel 4 in Wash cation is a netwo etwork), "N-M" (I educational), o e general instruct 4, you must cor accounting period ause of lack of a eam that is not so ine 30, 2009, be ssociation repre you carried the) of the general	(1) stations carrie ne carriage of cert 1(e)(2) and (4))]; a s carried by your of ne Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa column 1 (list eac the television stat nington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, od. Indicate by en activated channel subject to a royalty esenting the prima channel on any o instructions located	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
FCC. For Mexican or C Note: If you are utilizin				•	n which the station is identifed. channel line-up.	
		•	EL 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	
WGAL	8.1	Ν	No		Lancaster, PA	
WGAL (Simulcast	8.1	N	No		Lancaster, PA	
WGAL-2	8.2	I-M	No		Lancaster, PA	
WHP	21.1	N	No		Harrisburg, PA	
WHP-2	21.1	I-M	No		Harrisburg, PA	
WHP-3	21.3	I-M	No		Harrisburg, PA	
WHTM	27.1	N	No		Harrisburg, PA	
WHTM-2	27.2	I-M	No		Harrisburg, PA	
WHTM-3	27.3	I-M	No		Harrisburg, PA	
WHTM-4	27.4	I-M	No		Harrisburg, PA	
WHVL-LD	29.1	I	Yes	0	State College, PA	

FORM SA3E. PAGE 3.					SYSTEM ID#				
LEGAL NAME OF OWN		SIEM:			5151EW 1D#	Name			
Nittany Media, I									
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 								
 List the station here, basis. For further in in the paper SA3 for Column 1: List eace 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 stat planation of local servic Column 5: If you had cable system carried the distant static For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the column 6: Gi	and also in spa formation cond rm. h station's call associated with -2". Simulcast e channel numb e. For example stem carried th in each case w entering the le cast), "E" (for n se terms, see ation is outside ce area, see pa ation is outside ce area, see pa ave entered "Yon e distant statio ion of a distant entered into on a primary trans simulcasts, also ree categories e location of ea canadian statio	ace I, if the state erning substitu- sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha- be station. whether the station. whether the station. whether the station. whether the station. oncommercia page (v) of the es" in column on during the me basis beca multicast stree n or before Ju mitter or an a conter "E". If , see page (v) ch station. Fo ns, if any, giv	tute basis station report origination cording to its ov t be reported in the annel 4 in Wash attion is a netwo etwork), "N-M" (I educational), of e general instruct 4, you must con accounting period ause of lack of a eam that is not st ine 30, 2009, be ssociation repre you carried the) of the general in or U.S. stations, e the name of the	ns, see page (v) of n program service rer-the-air designat column 1 (list eac the television stat nington, D.C. This ork station, an inde for network multic for network multic or "E-M" (for nonco ctions located in the distant"), enter "Ye cions located in the mplete column 5, od. Indicate by en activated channel subject to a royalt etween a cable sys esenting the primatic channel on any o instructions located list the community on community with	of the general instructions located es such as HBO, ESPN, etc. Identify tition. For example, report multi- th stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.				
		CHANN	EL LINE-UP	B (cont)	· · · · · · · · · · · · · · · · · · ·				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION		5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WITF	33.1	Е	No		Harrisburg, PA				
WITF-2	33.2	E-M	No		Harrisburg, PA				
WKBS-TV	47.1	l	Yes	Ο	Altoona, PA				
WLYH	49.1	-	No		Red Lion PA				
WNEP	<u>40.1</u> 16.1	· N	No		Scranton, PA				
WNEP-2	16.2	IN I-M	No		Scranton, PA				
		1-1VI 1		~					
WPMT	43.1	 ,	Yes	0	York, PA				
WPMT (Simulcast		I	Yes	E	York, PA				
WPMT-2	43.2	I-M	Yes	0	York, PA				
WPSU	3.1	Е	No		Clearfield, PA				
WVIA	44.1	Е	Yes	0	Scranton, PA				
WVIA-3	44.3	E-M	Yes	0	Scranton, PA				
WXBU	15.1	I	Yes	0	Lancaster, PA				

FORM SA3E. PAGE 3.		/STEM-			SYSTEM ID#	
Nittany Media, I		STEM:			3131EW 10#	Name
 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,59(d)(2) and (4), 07,663 (ferring to 76,616(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 specifo FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream swcteat 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 segarately, for example WETA-simulcast). Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the testation. Column 3: Indicate in each case whether the station is a network station, an independent, "I-M" (for independent), "I-M" (for in						
Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	С		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBRE	28.1	N	No		Wilkes Barre, PA	
WBRE (Simulcast	28.1	N	No		Wilkes Barre, PA	
WBRE-2	28.2	I-M	No		Wilkes Barre, PA	
WBRE-3	28.3	I-M	No		Wilkes Barre, PA	
WBRE-4	28.4	I-M	No		Wilkes Barre, PA	
WITF	33.1	E	No		Harrisburg, PA	
WITF-2	33.2	E-M	No		Harrisburg, PA	
WKBS-TV	47.1	I	Yes	0	Altoona, PA	
WLYH	49.1	l	Yes	Ο	Red Lion PA	
WNEP	16.1	N	No		Scranton, PA	
WNEP-2	16.2	I-M	No		Scranton, PA	
WOLF	56.1	I	No		Hazleton, PA	
WOLF (Simulcast	56.1	I	No		Hazleton, PA	

FORM SA3E. PAGE 3.		STEM.			SYSTEM ID#	
Nittany Media,		STEM.			3131EW 10#	Name
• ·						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA 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 stat planation of local servi Column 5: If you has cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se explanation of these th Column 6: Give the	G, identify every system during the ions in effect or 5.61(e)(2) and (sis, as explained Stations: With the C rules, regulated in here in space only on a substant and also in space only on a substant formation concor- rm. The station's call associated with set channel number of example vestem carried the example of example of examp	y television st he accounting h June 24, 194 4), or 76.63 (r d in the next p respect to any ations, or auth G—but do lis titute basis. ace I, if the state renning substit sign. Do not r h a station acc streams must ber the FCC h e, WRC is Char better "N" (for no oncommercia page (v) of the table local serve age (v) of the es" in column on during the me basis beca multicast stree n or before Ju mitter or an a c enter "E". If , see page (v) ch station. gov	g period, except 81, permitting th referring to 76.6 paragraph. v distant stations: t it in space I (th ation was carried tute basis station report origination cording to its ov t be reported in tas assigned to annel 4 in Wash ation is a netwo etwork), "N-M" (I educational), c e general instruct 4, you must con accounting period ause of lack of a eam that is not s ine 30, 2009, be ssociation repre- you carried the o of the general or U.S. stations, e the name of th	(1) stations carried ne carriage of cert 1(e)(2) and (4))]; a s carried by your of ne Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa- column 1 (list eac the television stat- nington, D.C. This ork station, an inde- for network multic or "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, od. Indicate by en activated channel subject to a royalty even a cable sys- esenting the prima channel on any or instructions located list the community me community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	G Primary Transmitters: Television
	ig multiple chai	• ·	•			
		CHANN	EL LINE-UP	C (cont)		
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	
WPSU	3.1	E	Yes	Ο	Clearfield, PA	
WQMY	53.1	I	No		Williamsport, PA	
WQPX	64.1	I	No		Scranton, PA	
WSWB	38.1	I	No		Scranton, PA	
WSWB-2	38.2	I-M	No		Scranton, PA	
WSWB-3	38.3	I-M	No		Scranton, PA	
WSWB-4	38.4	I-M	No		Scranton, PA	
WVIA	44.1	Е	Yes	Ο	Scranton, PA	
WVIA-2	44.2	E-M	Yes	0	Scranton, PA	
WVIA-3	44.3	E-M	Yes	0	Scranton, PA	
WYOU	22.1	 N	No		Scranton, PA	
WYOU-2	22.1	I-M	No		Scranton, PA	
WYOU-3	22.2	I-M	No		Scranton, PA	
WYOU-4	22.3 22.4	I-IVI I-M	No		Scranton, PA	
	~~···					

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
Nittany Media, I						
carried by your cable s	6, identify ever ystem during t	y television st	period, except	(1) stations carrie	s and low power television stations) ed 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 76.6		ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
	tations: With	respect to any	distant stations	s carried by your o	cable system on a substitute program	Television
	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
	and also in spa formation cond	ace I, if the sta			tute basis and also on some other of the general instructions located	
each multicast stream	associated with	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- and stream separately; for example	
Column 2: Give the its community of licens on which your cable sy	e. For example stem carried th	e, WRC is Ch ne station.	annel 4 in Wash	nington, D.C. This	ion for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multic For the meaning of the	entering the le cast), "E" (for n se terms, see	etter "N" (for n oncommercia page (v) of th	etwork), "N-M" (I educational), c e general instru	for network multic or "E-M" (for nonce ctions located in t	ependent station, or a noncommercial ast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi	ce area, see pa	age (v) of the	general instruct	tions located in the		
carried the distant stati For the retransmiss	on on a part-tii ion of a distant	me basis beca multicast stre	ause of lack of a eam that is not s	activated channel subject to a royalt	tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing	
the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	a primary trans simulcasts, also ree categories e location of ea	mitter or an a o enter "E". If , see page (v ch station. Fo	ssociation repre you carried the) of the general or U.S. stations,	esenting the prima channel on any o instructions locate list the communit	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	D		
	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)		
WGAL	8.1	N	No	(Lancaster, PA	
WGAL (Simulcast		N	No		Lancaster, PA	
WGAL-2	8.2	I-M	No		Lancaster, PA	
WGAL-2 (Simulca	8.2	I-M	No		Lancaster, PA	
WHP	21.1	N	No		Harrisburg, PA	
WHP (Simulcast)	21.1	N	No		Harrisburg, PA	
WHP-2	21.2	I-M	No		Harrisburg, PA	
WHP-2 (Simulcas	21.2	I-M	No		Harrisburg, PA	
WHP-3	21.3	I-M	No		Harrisburg, PA	
WHP-3 (Simulcas	21.3	I-M	No		Harrisburg, PA	
WHTM	27.1	N	No		Harrisburg, PA	
WHTM (Simulcast	27.1	N	No		Harrisburg, PA	
WHTM-2	27.2	I-M	No		Harrisburg, PA	
WHTM-2 (Simulca	27.2	I-M	No		Harrisburg, PA	
WHTM-3	27.3	I-M	No		Harrisburg, PA	
	97 <i>4</i>	I NA	Na			

WHTM-4

27.4

I-M

No

Harrisburg, PA

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		(STEM:			SYSTEM ID#	Name
Nittany Media,						
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA 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 stat planation of local servi Column 5: If you ha cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se explanation of these th Column 6: Give the	G, identify even system during the ons in effect or G.61(e)(2) and (sis, as explained tations: With r C rules, regulation here in space only on a substant and also in space only on a substant formation concern. In station's call associated with t-2". Simulcast e channel numbers for example set for example set for example set terms, see ation is outside ce area, see particular ion of a distant entered into on a primary trans simulcasts, also recerts also of ea	y television st he accounting h June 24, 19 4), or 76.63 (r respect to any ations, or auth G—but do lis titute basis. ace I, if the sta terning substit sign. Do not r h a station acc streams must ber the FCC h e, WRC is Ch the station. whether the st teter "N" (for mon oncommercia page (v) of the the local serv age (v) of the es" in column on during the me basis beca multicast stree n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo	g period, except 81, permitting th referring to 76.6 paragraph. v distant stations: t it in space I (th ation was carried tute basis station report origination cording to its ow t be reported in has assigned to annel 4 in Wash ration is a netwo etwork), "N-M" (I educational), c e general instruct 4, you must con accounting period accounting period ause of lack of a eam that is not s sociation repre you carried the of the general or U.S. stations,	(1) stations carried be carriage of cert 1(e)(2) and (4))]; a s carried by your of the Special Statem d both on a substi- ns, see page (v) of the regram service rer-the-air designat column 1 (list eac the television stat hington, D.C. This ork station, an inde- for network multic or "E-M" (for nonco- ctions located in the distant"), enter "Ye cions located in the mplete column 5, od. Indicate by en- activated channel subject to a royalty etween a cable sys- esenting the prima channel on any of instructions located list the community	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	G Primary Transmitters: Television
Note: If you are utilizin				•	n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	D (cont)		
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	
WITF	33.1	Е	No		Harrisburg, PA	
WITF (Simulcast)	33.1	Е	No		Harrisburg, PA	
WITF-2	33.2	E-M	No		Harrisburg, PA	
WLYH	49.1	I	No		Red Lion PA	
WLYH (Simulcast	49.1	I	No		Red Lion PA	
WNEP	16.1	N	Yes	Ο	Scranton, PA	
WNEP-2	16.2	I-M	Yes	Ο	Scranton, PA	
WPMT	43.1	I	No		York, PA	
WPMT (Simulcast	43.1	l	No		York, PA	
WPMT-2	43.2	I-M	No		York, PA	
WVIA	44.1	E	Yes	Ο	Scranton, PA	
WVIA-2	44.2	E-M	Yes	0	Scranton, PA	
WVIA-3	44.3	E-M	Yes	0	Scranton, PA	
WXBU	15.1		No		Lancaster, PA	

ACCOUNTING PER	-			A.					SYSTEM ID#					
Name	LEGAL NAME OF C		E SYSTEI	и:					3131EWID#					
		ia, inc.												
H Primary	all-band basis v	t every radio s vhose signals	tation ca were "ge	nried on a separate and discr enerally receivable" by your ca I -Band FM Carriage: Under (ab	le system during	g the accounti	ng perio	od.					
Transmitters: Radio	receivable if (1)	it is carried by	the syst	tem whenever it is received a	at 1	the system's hea	adend, and (2) it can b	be expected,					
Radio		-		ved at the headend, with the Copyright Office regulations	-		-							
	located in the p	aper SA3 form	ı.			•		-						
		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.													
	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													
				the community with which the										
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION					
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LEGAL NAME OF OWNER OF CA	ABLE SYST	EM:				SYSTEM ID#	
Nittany Media, Inc.							Name
SUBSTITUTE CARRIAGE:	SPECIA	L STATEMEN	T AND PROGRAM LOG				
In General: In space I, identify substitute basis during the acc explanation of the programmin	counting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authoriz	ations. For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				Carriage:
During the accounting period broadcast by a distant static	-	r cable system	carry, on a substitute basis	s, any nonnet		ogram Yes ⊠No	Special Statement and Program Log
Note: If your answer is "No", log in block 2.	leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete the p	rogram	
2. LOG OF SUBSTITUTE I In General: List each substitut clear. If you need more space Column 1: Give the title of period, was broadcast by a di under certain FCC rules, regu SA3 form for futher information titles, for example, "I Love Lue Column 2: If the program Column 3: Give the call sig Column 4: Give the broad the case of Mexican or Canad Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. E stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and gram was substituted for prog effect on October 19, 1976.	ute progra e, please a every nor istant stati ulations, or on. Do nor cy" or "NB was broad gn of the s cast statio dian statio and day "5/7." when the xample: a "R" if the d regulatio	m on a separat attach additionat on etwork televi on and that you r authorizations t use general c A Basketball: lcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute prog program carrie	al pages. sion program (substitute pr ur cable system substituted s. See page (vi) of the gene ategories like "movies", or 76ers vs. Bulls." "Yes." Otherwise enter "N sting the substitute program e community to which the s community with which the s em carried the substitute p gram was carried by your c ed by a system from 6:01:1 was substituted for program ring the accounting period;	ogram) that, for the prograning ral instruction "basketball". o." n. station is licent tation is ident rogram. Use able system. 5 p.m. to 6:28 mming that yo enter the lett	during the accour amming of anothen is located in the p List specific prog insed by the FCC of tified). numerals, with the List the times acco 3:30 p.m. should to our system was re- er "P" if the listed	nting er station paper gram or, in e month curately be equired pro	
SU	IBSTITUT	E PROGRAM			EN SUBSTITUTE	7 REASON	-
	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —		
					_		
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ACCOUNTING PERIOD: 2018/1

			0.07514						SYSTEM ID#				
Name		Nittany Media, Inc.											
J Part-Time Carriage Log	In General: Thi time carriage du hours your syst Column 1 (C column 5 of spa Column 2 (E curred during th • Give the mont "4/10." • State the start television statio "app." Example	Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- the accounting period. In the and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give rting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the on's broadcast day, you may give an approximate ending hour, followed by the abbreviation e: "12:30 a.m.– 3:15 a.m. app." up together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–											
		_	DA	TES AND HOURS	OF F T	PART-TIME CAF	RRIAGE						
		WHEN	I CARRIAGE O	CCURRED			WHEN	I CARRIAGE OC	CURRED				
	CALL SIGN			OURS		CALL SIGN			URS				
		DATE	FROM	ТО			DATE	FROM	TO				
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	NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
Nitta	ny Media, Inc.			
Instru all am (as ide	SS RECEIPTS Inctions: The figure you give in this space determines the form you fle and the amoun ounts (gross receipts) paid to your cable system by subscribers for the system's seco entifed in space E) during the accounting period. For a further explanation of how to c (vii) of the general instructions.	ondary transi	mission service	K Gross Receipts
	bross receipts from subscribers for secondary transmission service(s) uring the accounting period.	\$	854,374.93	
	RTANT: You must complete a statement in space P concerning gross receipts.	(Amc	ount of gross receipts)	
Comp Comp If your fee fro	IGHT ROYALTY FEE ions: Use the blocks in this space L to determine the royalty fee you owe: lete block 1, showing your minimum fee. lete block 2, showing whether your system carried any distant television stations. r system did not carry any distant television stations, leave block 3 blank. Enter the ar om block 1 on line 1 of block 4, and calculate the total royalty fee. r system did carry any distant television stations, you must complete the applicable pa npanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
If part	8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b 3 below.	e entered or	n line 1 of	
	6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on li	ine 2 in block	
If part	7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho ock 4 below.	ould be enter	ed on line	
1 le s	IINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more east the minimum fee, regardless of whether they carried any distant stations. This fee ystem's gross receipts for the accounting period.	e is 1.064 pe	ercent of the	
	ine 1. Enter the amount of gross receipts from space K ine 2. Multiply the amount in line 1 by 0.01064	\$	854,374.93	
	Enter the result here.	¢	0 000 55	
	This is your minimum fee.	Ψ	9,090.55	
	 Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and o ine 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero 		1, block 4. 11,476.36	
L	ine 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		7,484.78	
L	ine 3. Add lines 1 and 2 and enter			
	here	\$	18,961.15	
Block L	ine 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	18,961.15	Cable systems
L	ine 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	r	0.00	submitting additional
	Zero.			deposits unde
	ine 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$	347.05	Section 111(d)(should contac the Licensing
L	ine 4. FILING FEE	\$	725.00	additional fees
	OTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. dd Lines 1, 2 and 3 of block 4 and enter total here	\$	20,033.20	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID # 20200622GMQFMP01020084			additional fees
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form and the Excel instructions t			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Nittany Media, Inc.
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual we can contact about this statement of account.)
for Further Information	Name Craig Yohn Telephone 717-363-6301
	Address 18 N. Juniata St, PO Box 111 (Number, street, rural route, apartment, or suite number)
	Lewistown, PA 17044 (City, town, state, zip)
	Email <u>cyohn@nmax.net</u> Fax (optional)
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)
	Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified
	 in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	X /s/Anna A Hain
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.
	Typed or printed name: Anna A. Hain
	Title: CEO (Title of official position held in corporation or partnership)
	Date: June 22, 2020

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 suffciency of the fling, a determination that would be made by a court of law.

FORM	SASE	PAGE9.
FURIN	SASE.	FAGE9.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Nittany Media, Inc.		Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system sha scribers and amounts collected from subscribers receiving secondary transmissions pursuant to	for the basic Il not include sub- o section 119."	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instr paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondar made by satellite carriers to satellite dish owners? X NO		Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment of For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 f		Q
Line 1 Enter the amount of late payment or underpayment	<u>18,961.15</u> 1%	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	189.61	
x	668 days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	126,660.48 x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	347.05	
(II) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further a contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	nterest charge) Issistance please	
** 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 Copyrig please list below the owner, address, first community served, accounting period, and ID number as give 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 form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, su		

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 suffciency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
• Network: its type-value is	0.25
• Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment. The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge. The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.

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

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

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

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

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

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

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

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

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

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have

the FCC's syndicated exclusivity rules in effect on June 24, 1981.

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.

U.S. Copyright Office

DSE SCHEDULE. PAGE 11.

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

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

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

Each of the second, third, and fourth 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.

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

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

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

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

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

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

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

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

	Distant Stations Carried		Identification of	f Subscriber (Groups		
most cases under current FCC	STATION	DSE	CITY OUTSIDE LOCAL		CAL	GRC	SS RECEIPTS
s, all of Fairvale would be within	A (independent)	1.0		SERVICE AR	EA OF	FROMS	SUBSCRIBERS
local service area of both stations	B (independent)	1.0	Santa Rosa	Stations A, B,	C, D ,E		\$310,000.00
nd C and all of Rapid City and Bo-	C (part-time)	0.083	Rapid City	Stations A an	d C		100,000.00
a Bay would be within the local	D (part-time)	0.139	Bodega Bay	Stations A an	d C		70,000.00
vice areas of stations B, D, and E.	E (network)	0.25	Fairvale	Stations B, D	, and E		120,000.00
	TOTAL DSEs	2.472		TOTAL GRO	SS RECEIPTS		\$600,000.00
a Rosa Stations A and C 35 mile zone	Minimum Fee Total Gross	Receipts		\$600,000.00 <u>x .01064</u> \$6,384.00			
	First Subscriber Group		Second Subsc	riber Group		Third Subscriber Group	
· /	(Santa Rosa)		(Rapid City and Bodega Bay)			(Fairvale)	
Fairvale	Gross receipts	\$310.000.00	Gross receipts		\$170,000.00	Gross receipts	\$120,000.00
d City	DSEs	2.472	DSEs		1.083	, DSEs	1.389
,	Base rate fee	\$6,497.20	Base rate fee		\$1,907.71	Base rate fee	\$1,604.03
Derlage	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .0106	64 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
Bodega	\$310,000 x .00701 x 1.472 =		\$170,000 x .0070		98.91	\$120,000 x .00701 x .389 =	327.23
- Day	Base rate fee		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)

In mo rules,

the lo

A and

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servic

Santa

Rapid

Stations B, D,

and E

😒5 mile zone 🖌

ACCOUNTING PERIOD: 2018/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	YSTEM ID								
I	Nittany Media, Inc.													
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:											
	 Add the DSEs of each station 													
	Enter the sum here and in line	8.25												
	Instructions:					4								
2	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"			E as "1.0"; for ea	ach network or noncom-									
of DSEs for	mercial educational station, giv	e the DSE as ".2												
Category "O"			CATEGORY "O" STATION	1 11		D 05								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE								
	WHVL-LD	1.000												
	WKBS-TV	1.000												
	WLYH	1.000												
	WNEP	0.250												
Add rows as	WNEP-2	1.000		<u> </u>										
Add rows as	WPMT	1.000												
necessary.	WPMT-2	1.000												
Remember to copy	WPSU	0.250												
all formula into new	WVIA	0.250												
ows.	WVIA-2	0.250												
	WVIA-3	0.250												
	WXBU	1.000												
	WABU	1.000												
						@								

Name		OWNER OF CABLE SYSTEM:					S	YSTEM ID#
	Nittany Med	lia, Inc.						
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 2 be carried ou Column 2 give the type Column 0	 CAPACITY ist the call sign of all dista 2: For each station, give the correspond with the inform 3: For each station, give the figure in colunt 4: Divide the figure in colunt t at least to the third decire 5: For each independent set of the figure in colunt t-value as ".25." 6: Multiply the figure in colunt the station's 	he number of l mation given i he total numbe umn 2 by the fi mal point. This station, give the lumn 4 by the	hours your cable systen n space J. Calculate of er of hours that the sta gure in column 3, and is the "basis of carria e "type-value" as "1.0 figure in column 5, ar	em carried the sta only one DSE for ation broadcast or d give the result in age value" for the 0." For each netwo	ation during the accountin each station. ver the air during the acco decimals in column 4. The station. ork or noncommercial edu in column 6. Round to no	ounting period. his figure must icational station,	
Capacity		С	ATEGORY	LAC STATIONS	: COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE		E 6. DS	E
			÷		=	×	=	
			÷ ÷			x x	=	
			÷		=	x	=	
			÷ ÷		=	x x	=	
					=	x	=	
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		hedule,		0.00		
4 Computation of DSEs for Substitute- Basis Stations	Was carrier tions in effections in effections in effections in effections of the space of t	ve the call sign of each sta d by your system in subst ect on October 19, 1976 (one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE	itution for a pro as shown by the ork programs d number of live spond with the s in the calend in 2 by the figure (For more info	ogram that your syste he letter "P" in columr uring that optional car e, nonnetwork program information in space ar year: 365, except in ure in column 3, and go prmation on rounding,	m was permitted n 7 of space I); an riage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of	to delete under FCC rules d the word "Yes" in column stitution for programs that column 4. Round to no les the general instructions i	2 of were deleted ss than the third	rm).
				BASIS STATION				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	′S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		÷		=
		÷ ÷		=		÷		=
				=				=
		÷						=
						· · · · · · · · · · · · · · · · · · ·	7	-
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. um here and in line 3 of p				0.00		

5	TOTAL NUMBER OF DSEs: Give the amounts from number of DSEs applicable to your system.	the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total
Total Number	1. Number of DSEs from part 2●	▶ 8.25
of DSEs	2. Number of DSEs from part 3●	▶ 0.00
	3. Number of DSEs from part 4●	▶ 0.00
	TOTAL NUMBER OF DSEs	▶ 8.25

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DSE SCHEDULE. PAGE 13.

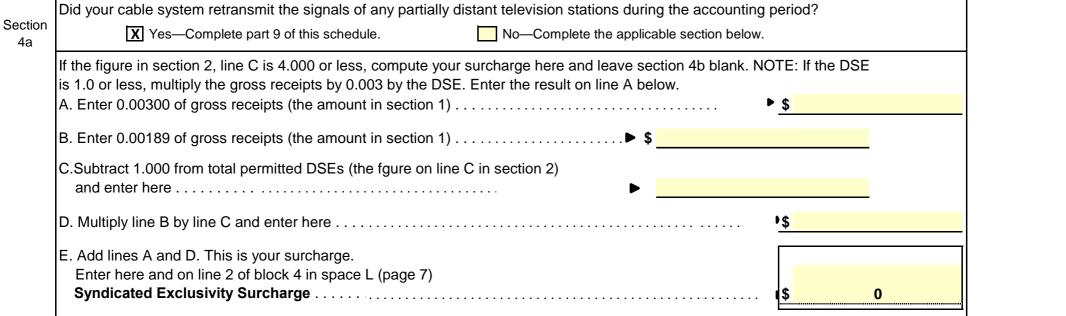
LEGAL NAME OF C		SYSTEM:					S	YSTEM ID#	Name	
Nittany Media,	, INC.									
Instructions: Bloc In block A: • If your answer if schedule.			part 6 and part	7 of the DSE schee	dule blank an	d complete pa	rt 8, (page 16) of t	he	6	
 If your answer if 	"No," complete blo								Computation of	
	BLOCK A: TELEVISION MARKETS Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in									
effect on June 24,	1981?	schedule—[ller markets as defi			-	ulations in		
		BLO	 CK B: CARR			SEs				
Column 1: CALL SIGN	under FCC rules	s of distant st and regulation ne DSE Sche	tations listed in ons prior to Jur edule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below re	this schedule rther explana	that your syst	ed stations, see th	e		
Column 2: BASIS OF PERMITTED CARRIAGE	 (Note the FCC ru A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursua *F A station pre 	ules and reguled on as defined cal education d station (76.0 or DSE sched ant to individe viously carried JHF station w	ulations cited be to the FCC main d in 76.5(kk) (7 al station [76.59 65) (see parago dule). ual waiver of Fu ed on a part-time vithin grade-B co	ne or substitute bas contour, [76.59(d)(5	se in effect on 6.57, 76.59(b) 9)(1), 76.63(a) 33(a) referring ostitution of gr sis prior to Jun	a June 24, 198), 76.61(b)(c), 7) referring to 7 g to 76.61(d)] randfathered s ne 25, 1981	76.63(a) referring 6.61(e)(1) tations in the			
Column 3:		e stations ide	entified by the le	n parts 2, 3, and 4 c 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		
WHVL-LD	G	1.00	WPMT	G	1.00	WXBU	G	1.00		
WKBS-TV	В	1.00	WPMT-2	М	1.00					
WLYH	G	1.00	WPSU	С	0.25					
WNEP	G	0.25	WVIA	С	0.25					
WNEP-2	M	1.00	WVIA-2	C/M	0.25					
			WVIA-3	C/M	0.25					
								8.25		
		E	BLOCK C: CO	MPUTATION OF	- 3.75 FEE					
Line 1: Enter the	total number of	DSEs from	ı part 5 of this	schedule						
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove						
				er of DSEs subject t 7 of this schedu		5 rate.				
Line 4: Enter gro	oss receipts from	ı space K (p	bage 7)	*****			x 0.03	375	Do any of the DSEs represent partially	
Line 5: Multiply I	ine 4 by 0.0375	and enter s	um here				X		permited/ partially nonpermitted	
Line 6: Enter tota	al number of DS	Es from line	÷ 3						carriage? If yes, see part 9 instructions.	
Line 7: Multiply I	ine 6 by line 5 a	nd enter he	re and on line	e 2, block 3, spac	e L (page 7))		0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Nittany Media, Inc.									Name	
			BLOCK	A: TELEVI	SION MARKET	S (CONTIN	IUED)			
	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation o 3.75 Fee
		1	I	11	1	I	LI	I		1

	LEGAL NAME OF OWN	NER OF CABLE SYSTE	M:				SYSTEM ID#
Name	Nittany Media,	Inc.					
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the o Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FO A—Part-time spe 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compare in block	or to June 25, 1981, un call sign for each dista the DSE for this static the accounting period the basis of carriage of CC rules and regulatic ecialty programming: (d)(1),76.61(e)(1), or 7 rogramming: Carriage (e)(3)). arriage under certain F al instructions in the p the station's DSE for e the DSE figures liste B, column 3 of part 6 information you give in	the current accounting pe ed in columns 2 and 5 and for this station. n columns 2, 3, and 4 mus	verning letter "F period, o riage an arried b hose in asis, of s (1)). s 76.59(authoriz iod as o list the	part-time and subs in column 2 of part- boccurring between ad DSE occurred (y listing one of the effect on June 24, specialty program (d)(3), 76.61(e)(3), cations. For further computed in parts a smaller of the two	stitute carriage.) art 6 of the DSE schedul January 1, 1978 and Ju e.g., 1981/1). following letters: , 1981.) ming under FCC rules, s or 76.63 (referring to r explanation, see page (2, 3, and 4 of this schedu figures here. This figure	e. ne 30, 1981. ections vi) of the ule. should be entered
	statement of accour	nt on fle in the Licensi	ng Division.				
			FOR STATIONS CARR		A PART-TIME AN	D SUBSTITUTE BASIS	
	1. CALL	2. PRIOR	3. ACCOUNTING		. BASIS OF	5. PRESENT	6. PERMITTED
	SIGN	DSE	PERIOD	(CARRIAGE	DSE	DSE
7	Instructions: Block A In block A:						
Computation of the	-	"Yes," complete block	s B and C, below. and C blank and complete	part 8 c	of the DSE schodu		
Syndicated		NO, leave blocks b a	BLOCK A: MAJOR	-			
Exclusivity			BLOCK A. MAJON				
Surcharge	 Is any portion of the c X Yes—Complete 	-	op 100 major television ma	rket as c	lefned by section 7 No—Proceed to		June 24, 1981?
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations		BLOCK	C: Computation of Exe	mpt DSEs
	Is any station listed in commercial VHF stati or in part, over the cal	ion that places a grade		nity		in block B of part 7 carr le system prior to March .159)	
	Yes—List each si X No—Enter zero a	tation below with its app and proceed to part 8.	ropriate permitted DSE			ation below with its approp nd proceed to part 8.	riate permitted DSE
	CALL SIGN	DSE CA	LL SIGN DSE	╵║┌	CALL SIGN	DSE CALL S	IGN DSE
			AL DSEs 0.00			TOTAL I	DSEs 0.00
		101				TOTALL	

DSE SCHEDULE. PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Nittany Media, Inc.	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7) 854,374.93	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 defned by the FCC?	
	X Yes—Complete section 3 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?	



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ACCOUNTING PERIOD: 2018/1

DSE SCHEDULE. PAGE 16.

Name		NE OF OWNER OF CABLE SYSTEM: SYSTE SYSTEM: SYSTE	M ID#
7	Section		
I	4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge.	<u></u> l.
8 Computation of Base Rate Fee	You mi 6 was d • In blo • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. irr answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. irr answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below the second station of a station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local the area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		0Base Rate Fee	0.00

DSE SCHEDULE. PAGE 17.

	AME OF OWNER OF CABLE SYSTEM: SYSTEM	ID# Name
Nittar	ny Media, Inc.	
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts	0
	(the amount in section 1)►\$	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1)► \$	of
	C. Multiply line B by 3.000 and enter here	Base Rate Fee
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) S	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	_
	G. Add lines A, C, and F. This is your base rate fee.	-
	Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee \$ 0.00)
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	-
Space		9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of on, you must:	01
		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group	Exclusivity
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you market and the station is not exempt in part	nust Partially
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. Howey cable system is wholly located outside all major television markets, complete block A only.	/er, Distant Stations, and
		for Partially
	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted
•	to that community.	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	y
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
subscr	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Comp groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscr	iber
	n section:	
• Identi	fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or	
2) any	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, : 6 of this schedule.	
	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions a paper SA3 form.	
page.	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the tota for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show y	
	calculations on the form.	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Nittany Media, Inc. 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

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

and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.

transmitter or an association representing the primary transmitter.

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	•							
В		COMPUTATION OF		TE FEES FOR I	ACH			
		SUBSCRIBER GROU					SUBSCRIBER GRC)UP
COMMUNITY/ AREA	MUNITY/ AREA Bratton Twp, Brown Twp, Granv		COMMUNITY/ A	REA	Milford T	wp		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE
WVIA C	0.25			WKBS-TV	В	1.00		
WVIA-3 C	0.25			WVIA	С	0.25		
				WVIA-3	С	0.25		
						-		
otal DSEs			0.50	Total DSEs				1.50
ross Receipts First G	roup	¢ 293	,452.56	Gross Receipts	Secon	d Group	\$	24,927.30
	loup	<u> </u>	,402.00		Occom		<u> </u>	24,327.00
ase Rate Fee First G	roup	\$1,	,561.17	Base Rate Fee	Secon	d Group	\$	352.60
	THIRD	SUBSCRIBER GROU	P			FOURTH	SUBSCRIBER GRC)UP
OMMUNITY/ AREA	Fayette	Twp., Fermanagł	h Twp, N	COMMUNITY/ A	REA	Bloomfie	eld Boro, Center	Twp, Dela
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE
	DSE 1.00	CALL SIGN	DSE	CALL SIGN WKBS-TV	В	DSE 1.00	CALL SIGN	DSE
/HVL-LD G /KBS-TV B	1.00 1.00	CALL SIGN	DSE	WKBS-TV WVIA	С	1.00 0.25	CALL SIGN	DSE
/HVL-LD G /KBS-TV B /VIA C	1.00 1.00 0.25	CALL SIGN	DSE	WKBS-TV		1.00	CALL SIGN	DSE
/HVL-LD G /KBS-TV B /VIA C	1.00 1.00	CALL SIGN	DSE	WKBS-TV WVIA	С	1.00 0.25	CALL SIGN	DSE
/HVL-LD G /KBS-TV B /VIA C	1.00 1.00 0.25	CALL SIGN	DSE	WKBS-TV WVIA	С	1.00 0.25	CALL SIGN	DSE
/HVL-LD G /KBS-TV B /VIA C	1.00 1.00 0.25	CALL SIGN	DSE	WKBS-TV WVIA	С	1.00 0.25	CALL SIGN	DSE
/HVL-LD G /KBS-TV B /VIA C	1.00 1.00 0.25	CALL SIGN	DSE	WKBS-TV WVIA	С	1.00 0.25	CALL SIGN	
/HVL-LD G /KBS-TV B /VIA C	1.00 1.00 0.25	CALL SIGN	DSE	WKBS-TV WVIA	С	1.00 0.25	CALL SIGN	
/HVL-LD G /KBS-TV B /VIA C	1.00 1.00 0.25	CALL SIGN	DSE	WKBS-TV WVIA	С	1.00 0.25	CALL SIGN	
VHVL-LD G VKBS-TV B VVIA C	1.00 1.00 0.25	CALL SIGN	DSE	WKBS-TV WVIA	С	1.00 0.25	CALL SIGN	
VHVL-LD G VKBS-TV B VVIA C	1.00 1.00 0.25	CALL SIGN	DSE	WKBS-TV WVIA	С	1.00 0.25	CALL SIGN	
VHVL-LD G VKBS-TV B VVIA C	1.00 1.00 0.25	CALL SIGN	DSE	WKBS-TV WVIA	С	1.00 0.25	CALL SIGN	
/HVL-LD G /KBS-TV B /VIA C	1.00 1.00 0.25	CALL SIGN	DSE	WKBS-TV WVIA	С	1.00 0.25	CALL SIGN	
VHVL-LD G VKBS-TV B VVIA C VVIA-3 C	1.00 1.00 0.25			WKBS-TV WVIA WVIA-3	С	1.00 0.25		
VHVL-LD G VKBS-TV B VVIA C VVIA-3 C	1.00 1.00 0.25 0.25		2.50	WKBS-TV WVIA WVIA-3		1.00 0.25 0.25		1.50
VHVL-LD G VKBS-TV B VVIA C VVIA-3 C	1.00 1.00 0.25 0.25			WKBS-TV WVIA WVIA-3		1.00 0.25 0.25		
VKBS-TV B VVIA C VVIA-3 C	1.00 1.00 0.25 0.25		2.50	WKBS-TV WVIA WVIA-3		1.00 0.25 0.25		1.50
VHVL-LD G VKBS-TV B VVIA C	1.00 1.00 0.25 0.25	\$ 210,	2.50	WKBS-TV WVIA WVIA-3	Fourth	1.00 0.25 0.25		1.50
VHVL-LD G VKBS-TV B VVIA C VVIA-3 C	1.00 1.00 0.25 0.25	<u>\$</u> 210,	2.50	WKBS-TV WVIA WVIA-3	Fourth	1.00 0.25 0.25	s 1	1.50
VHVL-LD G VKBS-TV B VVIA C VVIA-3 C VVIA-3 C	1.00 1.00 0.25 0.25	\$ 210,	2.50	WKBS-TV WVIA WVIA-3	Fourth	1.00 0.25 0.25	s 1	1.50

LEGAL NAME OF Nittany Media			E SYSTEM:						SYSTEM ID#	Name
	BL	OCK A: 0	COMPUTATION O	F BASE R	ATE FEES FOR	EACH	SUBSCRI	BER GROUP		
		FIFTH	SUBSCRIBER GRC)UP			SIXTH	SUBSCRIBER GR	OUP	•
COMMUNITY/ AF	REA	Susque	hanna Twp		COMMUNITY/ A	AREA	McClure	Boro		9 Computation
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE	of
WKBS-TV	В	1.00			WHVL-LD	G	1.00			Base Rate Fee
WPSU	С	0.25			WVIA	С	0.25			and
					WVIA-3	С	0.25			Syndicated
										Exclusivity
										Surcharge
										for
										Partially
										Distant
										Stations
Total DSEs				1.25	Total DSEs				1.50	
						•				
Gross Receipts F	irst Gr	oup	<u> </u>	5,347.02	Gross Receipts	Second	Group	\$	24,132.11	
Base Rate Fee F	irst Gr	oup	\$	66.26	Base Rate Fee	Second	Group	\$	341.35	
	S	EVENTH	SUBSCRIBER GRC)UP			EIGHTH	SUBSCRIBER GR	OUP	
COMMUNITY/ AF	REA	West B	eaver Twp		COMMUNITY/ A	AREA	Chapma	n Twp, Perry T	wp, Union T	
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE	
WHVL-LD	G	1.00			WKBS-TV	В	1.00			
WKBS-TV	В	1.00			WLYH	G	1.00			
WPMT	G	1.00			WPSU	С	0.25			
WPMT-2	Μ	1.00								
WVIA	C	0.25								
WVIA-3	C	0.25								
WXBU	G	1.00								
Total DSEs				5.50	Total DSEs				2.25	
Gross Receipts T	hird G	roup	\$	124.25	Gross Receipts	Fourth	Group	\$	58,101.99	
Base Rate Fee ⊺	hird G	roup	\$	4.55	Base Rate Fee	Fourth	Group	\$	1,127.32	
Base Rate Fee: / Enter here and in			e fees for each subs pace L (page 7)	criber group	as shown in the b	oxes at	oove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

LEGAL NAME OF Nittany Media			E SYSTEM:						SYSTEM ID#	Name
	BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR	EACH	SUBSCRI	BER GROUP		
		NINTH	SUBSCRIBER GRO	UP			TENTH	SUBSCRIBER GRO	OUP	•
COMMUNITY/ A	REA	West P	erry Twp		COMMUNITY/ #	AREA	Buffalo	Гwp, Liverpool	Boro	9 Computation
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE	of
WKBS-TV	В	1.00			WNEP-2	М	1.00			Base Rate Fee
WLYH	G	1.00	-		WVIA	С	0.25			and
WVIA	С	0.25	-		WVIA-2	С	0.25			Syndicated
WVIA-2	С	0.25			WVIA-3	C	0.25			Exclusivity
WVIA-3	Č	0.25				•	01-0			Surcharge
	`	0.20							······	for
									······	
			-							Partially
										Distant
										Stations
Total DSEs				2.75	Total DSEs				1.75	
Gross Receipts F	First Gr	oup	<u>\$</u> 18	,880.77	Gross Receipts	Second	d Group	\$	28,736.67	
Bass Data Fas [422 54	Reas Rate Fee	Saaaaa			450 94	
Base Rate Fee F		•		432.51	Base Rate Fee		•		456.84	
			SUBSCRIBER GRO	UP			IVVELVIH	SUBSCRIBER GRO	_	
COMMUNITY/ A	REA	Liverpo	ol Twp		COMMUNITY/ A	AREA			0	
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE	
WNEP	G	0.25								
WNEP-2	М	1.00								
									······	
Total DSEs				1.25	Total DSEs				0.00	
							•			
Gross Receipts 7	Third G	roup	<u>\$</u> 3	,554.72	Gross Receipts	Fourth	Group	\$	0.00	
Base Rate Fee ⊺	Third G	roup	\$	44.05	Base Rate Fee	Fourth	Group	\$	0.00	
Base Rate Fee: Enter here and ir			e fees for each subso pace L (page 7)	criber group	as shown in the b	ooxes at	oove.	\$		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE Nittany Media, Inc		LE SYSTEM:	ľ				SYSTEM ID#	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	BER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GR	OUP	0
COMMUNITY/ AREA	Brattor	n Twp, Brown Tw	p, Gran∖	COMMUNITY/ ARE/	A Milford	Гwp		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
		-						Syndicated
								Exclusivity Surcharge
								for
								Partially
		_						Distant
						_		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 293,	452.56	Gross Receipts Seco	ond Group	\$	24,927.30	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GR	OUP	
COMMUNITY/ AREA	Fayette	Twp., Fermanag	h Twp, l	COMMUNITY/ ARE/	A Bloomfi	eld Boro, Cente	er Twp, Delav	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WHVL-LD	1.00			
		-						
		-				_		
Total DSEs			0.00	Total DSEs			1.00	
Gross Receipts Third G	Group	<u>\$</u> 210,	054.47	Gross Receipts Four	rth Group	\$	187,063.07	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	7,014.87	
Base Rate Fee: Add th Enter here and in block			riber group	II as shown in the boxes	s above.	\$	7,484.78	

EGAL NAME OF OWN Iittany Media, Inc		E SYSTEM:					SYSTEM ID#	N
B				TE FEES FOR EA				
		UP			I SUBSCRIBER GR	OUP		
COMMUNITY/ AREA Susquehanna Twp			COMMUNITY/ ARE	A McClur	e Boro		Cor	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CO
VHVL-LD	1.00							Bas
								Sy
								Ex
								Sı
								Р
								[
								S
otal DSEs			1.00	Total DSEs			0.00	
ross Receipts First G	iroup	\$ 5	,347.02	Gross Receipts Sec	cond Group	\$	24,132.11	
ase Rate Fee First G	roup	\$	200.51	Base Rate Fee Sec	cond Group	\$	0.00	
		SUBSCRIBER GRO	UP			I SUBSCRIBER GR		
OMMUNITY/ AREA	West B	eaver Twp		COMMUNITY/ ARE	A Chapm	an Twp, Perry T	wp, Union T	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs		······	0.00	
ross Receipts Third 0	Group	\$	124.25	Gross Receipts Fou	urth Group	\$	58,101.99	
-	- 1	·				·	,	
ase Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
				11				
			criber group	as shown in the boxe	es above.			
nter here and in block	c 3, line 1, s	pace L (page 7)				\$		

EGAL NAME OF OWN Nittany Media, Ind		LE SYSTEM:					SYSTEM ID#		
В				TE FEES FOR EA					
			UP						
COMMUNITY/ AREA	West P	erry Twp		COMMUNITY/ ARE	COMMUNITY/ AREA Buffalo Twp, Liverpool Boro				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WNEP	0.25				
otal DSEs			0.00	Total DSEs			0.25		
ross Receipts First G	Group	\$ 18	8,880.77	Gross Receipts Sec	cond Group	\$	28,736.67		
ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	269.41		
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GR	OUP		
OMMUNITY/ AREA	Liverpo	ool Twp		COMMUNITY/ ARE	EA		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
		-							
otal DSEs			0.00	Total DSEs			0.00		
oross Receipts Third	Group	\$ 3	3,554.72	Gross Receipts Fou	urth Group	\$	0.00		
ase Rate Fee Third (Group	¢	0.00	Base Rate Fee Fou	irth Group	¢	0.00		
	Sioup	μ	0.00			\$	0.00		
Base Rate Fee: Add t	he base ra t	te fees for each subs	criber aroun	as shown in the boxe	es above.				
nter here and in block			9.0up			\$			

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Nittany Media, Inc.					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:					
Computation of	omputation					
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce	cial VHF Grade B contour stations listed in block A, part 9 of				
Syndicated	this schedule.					
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group for					
Surcharge for	Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of					
Partially	Step 4: Compute the surcharge for each subscriber group using the for					
Distant		res applicable to the particular group. You do not need to show				
Stations	your actual calculations on this form.					
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs				
	Line 2: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1				
	Line 3: Subtract line 2 from line 1 and enter here. This is the	and enter here. This is the				
	total number of DSEs for	total number of DSEs for				
	this subscriber group	this subscriber group				
	subject to the surcharge	subject to the surcharge				
	computation	computation				
		SYNDICATED EXCLUSIVITY				
	SURCHARGE	SURCHARGE				
	First Group	Second Group				
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs				
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1				
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for				
	this subscriber group	this subscriber group				
	subject to the surcharge	subject to the surcharge				
	computation	computation				
		SYNDICATED EXCLUSIVITY				
	SYNDICATED EXCLUSIVITY SURCHARGE					
	Third Group	Fourth Group				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)					
	in the boxes above. Enter here and in block 4, line 2 of space L (page /	7)				

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Name	Nittany Media, Inc.				
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
9	If your cable system is located within a top 100 television market and th				
•	Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:				
Computation	.,,				
of	First 50 major television market	Second 50 major television market			
Base Rate Fee	INSTRUCTIONS:	is 1944 E. Ora da D. as a tangent statistical in his shirt. A second of the			
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.	cial VHF Grade B contour stations listed in block A, part 9 of			
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group for	or the VHF Grade B contour stations that were classified as			
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none ente				
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of				
Partially	Step 4: Compute the surcharge for each subscriber group using the fo				
Distant Stations	schedule. In making this computation, use gross receipts figure your actual calculations on this form.	res applicable to the particular group. You do not need to show			
Stations					
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1			
	and enter here. This is the	and enter here. This is the			
	total number of DSEs for	total number of DSEs for			
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge			
	computation	computation			
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE			
	First Group \$ -	Second Group \$ 0			
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1			
	and enter here. This is the	and enter here. This is the			
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group			
	subject to the surcharge	subject to the surcharge			
	computation	computation			
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY			
	SURCHARGE	SURCHARGE			
	Third Group	Fourth Group			
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earling the boxes above. Enter here and in block 4, line 2 of space 1, (page 7)	ch subscriber group as shown			
	in the boxes above. Enter here and in block 4, line 2 of space L (page 7	/ · · · · · · · · · · · · · · · · · · ·			

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
Name	Nittany Media, Inc.			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:			
Computation of	First 50 major television market	Second 50 major television market		
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce			
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for	or the VHF Grade B contour stations that were classified as		
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter			
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of			
Partially Distant Stations	ant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show			
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group		
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earling in the boxes above. Enter here and in block 4, line 2 of space L (page 7	ach subscriber group as shown ()		

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			\$112,441.82		6		
F	Са	ble rksheet	Total amount of remittance	Num	nber of SAs rec'd	Initia	als
	Wo	rksheet	\$				
			Date of remittance	Check	✓ EFT	🗸 FILING F	EES
Cable ID #	63809					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocatio	n number		
DL			08/12/20	102	3521	\$20,133.20	AM
Space A Accounting	2018	/1	(enter four digit year and	l /1 (for Jan-Jun p	eriod) or /2 (for Jul-De	ec period) No spaces))
Period	🗌 Let	ter sent	I	Information received			
	Acc	cepted	[Phone call/Dat	te/Contact		
Space B Owner							
	Let	ter sent	[Information re	eceived		
	Acc	cepted	[Phone call/Dat	te/Contact		
Space D Area Served							
	Let	ter sent	[Information re	eceived		
	Acc	cepted	[Phone call/Dat	te/Contact		
Space E Secondary Transission Service	ondary nsission						
Subscribers:	Letter sent Information received						
and Rates Accepted		[Phone call/Dat	te/Contact			
Space G Primary Transmitters:							
Television	Let	ter sent		Information received			
	Acc	Accepted Phone call/Date/Contact					
Space H Primary Transmitters:							
Radio		cepted		Phone call/Da	te/Contact		

		Space I
		Substitute
		Carriage
Letter sent	Information received	

Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
OVERPAYMENT OF \$100		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
✓ Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	