THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3 Long Form

TATEME	NT (OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Libra	rn to: ary of Congress				
r Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	Licer	right Office nsing Division				
able Systems (Long Form)			\$	Wasl	Independence Ave. 3 hington, DC 20557-6 707-8150					
eneral instructions are at the nd of this form [pages i–viii].			8/28/2019	8/28/2019 ALLOCATION NUMBER						
Α	AC		LERED BY THIS STATEMEN	II	xes and fill in	the vear date.)				
Accounting Period		January 1–June 30 .2019 .		July 1-December 31		-				
B Owner	Give corp lr	oorate title of the subsidiary, n 1 line 2, list any other names u 6 there were different owners d ngle statement of account and		n. s the business of the cable sy y the owner on the last day o he entire accounting period.	ystem. f the accounting ;	period should subm				
			3314							
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):									
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 338 CUMBERLAND AVE., P.O. BOX 609 (Number, street, rural route, apartment, or sulte number) PIKEVILLE, TN 37367 (City, town, state, zip)									
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.									
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	2	MAILING ADDRESS OF C (Number, street, rural route, apartme (City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.									
Area Served		CITY OR TOWN		STATE						
First 🕨	381.43									
Community	Belo	w is a sample for reporting cor	mmunities if you report multiple o	hannel line-ups in Space G.						
		CITY OR TOWN (SAMPLE)	N	STATE	CH LINE UP	SUB GRP#				
Sample 🕨		a ance ring	MD MD MD	A B B	1 2 3					

completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				Name
BLEDSOE TELEPHONE COOPERATIVE INC.		з	314	Name
Instructions: List each separate community served by the cable system. A "com in FCC rules: "a separate and distinct community or municipal entity (including areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). of system identification hereafter known as the "first community." Please use it a Note: Entities and properties such as hotels, apartments, condominiums, or mobile the identified city or town.	unincorporate The first comn s the first com	ed communities w nunity that you list munity on all futur	ithin unincorporated will serve as a form e filings.	D Area Served
If all communities receive the same complement of television broadcast stations of all communities with the channel line-up "A" in the appropriate column below of on a partially distant or partially permitted basis in the DSE Schedule, associate designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by- channel line-up designated by an alpha-letter(s) (based on your Space G reporti (based on your reporting from Part 9 of the DSE Schedule) in the appropriate col	r leave the co e each relevan community ba ng) and a subs umns below.	lumn blank. If you t community with asis, associate eac scriber group desig	a report any stations a subscriber group, th community with a gnated by a number	
	STATE	CH LINE UP	SUB GRP#	
	TN	A		First
BLEDSOE COUNTY	TN			Community
	TN		linnininini	
SEQUATCHIE COUNTY	TN	.A	1	
VAN BUREN COUNTY	TN	.A	1	
SOUTHERN MOST PORTION OF CUMBERLAND COUNTY	TN	A	1	
HAMILTON COUNTY	TN	A	1	
	1			
			http://www.com/com/com/com/com/com/com/com/com/com/	
	1047 COVERTS OF LEVEL 11 COV	2		
	1			
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3314



BLEDSOE TELEPHONE COOPERATIVE INC.

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK	1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Non-residential		\$21.95 \$84.95 \$149.95					

F

Services Other Than Secondary Transmissions: Rates **In General:** Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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

amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter			\$55.00 \$55.00 \$0.00 \$0.00 \$0.00 \$0.00 \$20.00 \$20.00 \$55.00 \$55.00	Wired Not Wired	\$55.00

Name

E

Secondary

Transmission

Service: Sub-

scribers and

Rates

		NER OF CABLE SYSTEM					Name
F	BLEDSOE TEL	_EPHONE COO	PERATIVE INC.			3314	
	In General: In s carried by your FCC rules and 76.59(d)(2) and substitute prog Substitute prog Substitute B basis under spo • Do not list th station was o • List the static basis. For fur Column 1: Li each multicast cast stream as WETA-simulcast cost stream as WETA-simulcast Column 2: G its community o on which your o Column 3: In educational sta (for independer For the meaning Column 4: If planation of loc Column 5: If cable system ca carried the dista For the retrar of a written agree the cable system tion "E" (exemp explanation of t Column 6: Gi FCC. For Mexic	space G, identify cable system du regulations in et (4), 76.61(e)(2) a gram basis, as ex Basis Stations: V ecific FCC rules, he station here in carried only on a con here, and also rther information ist each station's stream associat "WETA-2". Simulant of license. For ex- cable system can dicate in each can tion, by entering at multicast), "E" g of these terms the station is out al service area, s you have enter arried the distant ant station on a psemission of a di- bement entered in m and a primary th. For simulcast hese three catego ive the location o can or Canadian	uring the accoun ffect on June 24, and (4), or 76.63 splained in the ner- vith respect to an regulations, or a n space G—but substitute basis on space I, if the concerning sub a call sign. <i>Do not</i> ed with a station licast streams mu- number the FCC cample, WRC is (rried the station. is whether the station. is whether the station. is whether the station. is whether the station. is expage (v) of the ed "Yes" in colur t station during the part-time basis to stant multicast stant into on or before a transmitter or an s, also enter "E". gories, see page f each station. Fo stations, if any, g	station (including ting period, exce , 1981, permittim (referring to 76.6 ext paragraph. authorizations: <i>do</i> list at stations authorizations: <i>do</i> list it in space station was carri- stitute basis stat t report origination according to its ust be reported i has assigned to Channel 4 in Was tation is a networ or network), "N-N- cial educational), the general instruc- me general instruc- me general instruc- me accounting pe- because of lack of tream that is not June 30, 2009, be n association rep . If you carried th- (v) of the general give the name of	pt (1) stations ca g the carriage of 51(e)(2) and (4))]; s carried by your of e I (the Special S ied both on a sub ions, see page (v in program service s over-the-air des n column 1 (list e the television stat shington, D.C. Th k station, an inde d" (for network m or "E-M" (for not uctions. "distant"), enter ctions. complete column subject to a royal atween a cable sy presenting the prine e channel on any l instructions. st the community w	ns and low power television stations) rried only on a part-time basis under certain network programs [sections and (2) certain stations carried on a cable system on a substitute program Statement and Program Log)—if the estitute basis and also on some other of the general instructions. The such as HBO, ESPN, etc. Identify signation. For example, report multi- each stream separately; for example ation for broadcasting over-the-air in is may be different from the channel pendent station, or a noncommercial ulticast), "I" (for independent), "I-M" ncommercial educational multicast). "Yes". If not, enter "No". For an ex- n 5, stating the basis on which your entering "LAC" if your cable system nel capacity. ty payment because it is the subject vistem or an association representing mary transmitter, enter the designa- other basis, enter "O." For a further to which the station is licensed by the with which the station is identified. In t column here in Space G based on	G Primary Transmitters: Television
F	your channel lin I. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	G for each chan 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
V	VRCB	3	N	N		CHATTANOOGA, TN	
1	WTCI	45	E	N		CHATTANOOGA, TN	
1	NDSI	61	1	N		CHATTANOOGA,TN	
1	NTVC	9	N	N		CHATTANOOGA, TN	
1	NDEF	12	N	Ν		CHATTANOOGA, TN	
1	WFLI	24	1	N		CLEVELAND, TN	
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FORM SA3. PAGE 3,

Name	LEGAL NAME OF	OWNER OF CABL	E SYSTE	EM;								
Name	BLEDSOE T	BLEDSOE TELEPHONE COOPERATIVE INC. 3314										
H Primary Transmitters: Radio	In General: 1 all-band basi Special Instr receivable if (on the basis of For detailed in Column 1: Column 2: Column 3: signal, indica Column 4:	RIMARY TRANSMITTERS: RADIOa General:List every radio station carried on a separate and discrete basis and list those FM stations carried on anII-band basis whose signals were "generally receivable" by your cable system during the accounting period.pecial Instructions Concerning All-Band FM Carriage:Under Copyright Office regulations, an FM signal is generallypecievable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,in the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.or detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions.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 discretegnal, 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 oflexican or Canadian stations, if any, the community with which the station is identified).										
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		AM or FM	S/D	LOCATION OF STATION				
	ON LE OIGHT		0,0		ONEL ORIT		0,0					
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FORM SA3, PAGE 4.

FORM SA3. PAGE 5.							
LEGAL NAME OF OWNER OF CABLE SYSTE	M:						Nama
BLEDSOE TELEPHONE COC	PERATIV	E INC.			3314		Name
SUBSTITUTE CARRIAGE: In General: In space I, identify e carried on a substitute basis du authorizations. For a further exp instructions.	very nonne ring the ac	etwork televisio counting perio	on program broadcast by od, under specific prese	y a <i>distant</i> s int and forn	ner FCC rules, reg	ulations, or	Substitute Carriage:
 SPECIAL STATEMENT COI During the accounting period broadcast by a distant static Note: If your answer is "No", le log in block 2. 	l, did your on?	cable system	carry, on a substitute ba	-	🗌 Yes	s 📃 No	Special Statement and Program Log
2. LOG OF SUBSTITUTE PRO In General: List each substitut clear. If you need more space, Column 1: Give the title of of period, was broadcast by a di station under certain FCC rule information. Do not use genera Love Lucy" or "NBA Basketbal Column 2: If the program wa Column 3: Give the call sign Column 4: Give the broadca the case of Mexican or Canadi	e program please att every nom stant stati es, regulat al categori l: 76ers vs as broadca of the sta ast station	ach additional network televis on and that yo ions, or autho es like "movie . Bulls." ast live, enter ' ition broadcas 's location (the	pages. sion program (substitut pur cable system subst rizations. See page (vi) s" or "basketball." List 'Yes." Otherwise enter ting the substitute prog community to which t	e program) tituted for t of the ger specific pr "No." pram. he station i	that, during the the programming neral instructions ogram titles, for e is licensed by the	accounting of another for further example, "I	
Column 5: Give the month au first. Example: for May 7 give " Column 6: State the times w to the nearest five minutes. Ex stated as "6:00–6:30 p.m." Column 7: Enter the letter "F to delete under FCC rules and gram was substituted for progr effect on October 19, 1976.	nd day wh 5/7." hen the su (ample: a ?" if the list regulation	en your systen Ibstitute progra program carrie ted program w s in effect duri	n carried the substitute am was carried by your ed by a system from 6 as substituted for progr ng the accounting perio	program. U cable syste :01:15 p.m ramming th od; enter th	lse numerals, with em. List the times . to 6:28:30 p.m. at your system wa ne letter "P" if the	accurately should be as required listed pro-	
SUE	STITUTE	PROGRAM			I SUBSTITUTE GE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM – TO	DELETION	
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Name	BLEDSOE TEL		ME PERATIVE INC.				3314
J Part-Time Carriage Log	arriage as "LAC" for part- giving the total dates and ges. /ou identified by "LAC" in en part-time carriage oc- Example: for April 10 give ere carriage ran to the end bwed by the abbreviation e: "5/10-5/14, 6:00 p.m						
1			DATES AND HO	JRS OF	PART-TIME CA	RRIAGE	
		WHEN C	ARRIAGE OCCURRED				RRIAGE OCCURRED
	CALL SIGN	DATE	HOURS FROM	то	CALL SIGN	DATE	HOURS FROM TO
		DATE		10		DATE	-

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FORM SA3. PAGE 6,

		Name
	EDSOE TELEPHONE COOPERATIVE INC. 3314	
Inst all a (as i pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of imounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identified in space E) during the accounting period. For a further explanation of how to compute this amount, see e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts. (Arnount of gross receipts)	K Gross Receipts
Inst ・ C ・ C	PYRIGHT ROYALTY AND FILING FEES tructions: Use the blocks in this space L to determine the royalty fee you owe: complete block 1, showing your minimum fee. complete block 2, showing whether your system carried any distant television stations. your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum	L Copyright
f∈ ∙If	your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule companying this form and attach the schedule to your statement of account.	Royalty Fee
► li b	f part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.	
	f part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.	
► If	f part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line I in block 4 below.	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K	
Block 2		
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	×
	Line 3. Add lines 1 and 2 and enter	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger	
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero	Cable systems submitting additional
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE:	the Licensing Division for the
	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here \$ 14,105.35	appropriate form for submitting the additional fees.
	Domit this amount via alextranic normant neuroble to Devictor of Ocumentative (Ocument) (Oct 1)	

Remit this amount via *electronic payment* payable to *Register of Copyrights*. (See page (i) of the general instructions for more information.)

FORM SA3. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:
	BLEDSOE TELEPHONE COOPERATIVE INC. 3314
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
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)
Individual to Be Contacted for Further Information	Name CARRIE HUMBLE 423-447-2121 (Area code)
	Address
	PIKEVILLE, TN 37367 (City, town, state, zip)
	Email (optional) Fax (optional)
ο	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)
Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C. sec. 1001] Handwritten signature: Charles A Roman
	CHARLES H. BORING
	Title: GENERAL MANAGER (Title of official position held in corporation or partnership)
	Date: Hugust 23, 2019

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:		
BLEDSOE TELEPHONE COOPERATIVE INC.	3314	Name
	ion 111(d)(1)(A), of the Copyright Act by adding the fol- oss amounts paid to the cable system for the basic adcast transmitters, the system shall not include sub- secondary transmissions pursuant to section 119." the note on page (vii) of the general instructions. amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusions
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments su	ubmitted as a result of a late payment or underpayment.	Q
For an explanation of interest assessment, see page (viii) of the	general instructions.	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	······ *	Assessment
	x%	
Line 2 Multiply line 1 by the interest rate* and enter the sum h	nere	
	x ———— days	
Line 3 Multiply line 2 by the number of days late and enter the	e sum here	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, b space L, (page 7)	<u>\$</u>	
* To view the interest rate chart click on www.copyright.gov/lic contact the Licensing Division at (202) 707-8150 or licensing		
** 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 or please list below the owner, address, first community served, ac filing.	f account already submitted to the Copyright Office, counting period, and ID number as given in the original	
Owner		
Address		
First community served		
ID number		

FORM SA3. PAGE 9.

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

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.

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

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

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

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

In most cases un rules, all of Fairvale the local service are A and C and all of R dega Bay would b service ares of stat	e would be within a of both stations apid City and Bo- e within the local	Distant Stations STATION A (independent) B (independent) C (part-time) D (part-time) E (network) TOTAL DSEs	Carried DSE 1.0 0.083 0.139 0.25 2.472	Identification CITY Santa Rosa Rapid City Bodega Bay Fairvale	of Subscriber Groups OUTSIDE LOCAL SERVICE AREA OF Stations A, B, C, D, E Stations A and C Stations A and C Stations B, D, and E TOTAL GROSS RECE		GROSS RECEIPTS OM SUBSCRIBERS \$310,000.00 100,000.00 70,000.00 120,000.00 \$600,000.00
Santa Rosa	Stations A and C 35 mile zone	Minimum Fee To	tal Gross Receipts		\$600,000.00 x .01064 \$6,384.00		
	Fairvale	First Subscriber (Santa Rosa)	Group		scriber Group nd Bodega Bay)	Third Subscriber (Fairvale)	Group
Rapid City	Bodega Bay	Gross receipts DSEs Base rate fee \$310,000 × .0106 \$310,000 × .0070	\$310,000.00 2.472 \$6,497.20 \$4 x 1.0 = 3,298.40 1 x 1.472 <u>=3,198.80</u>	DSEs Base rate fee \$170,000 x .0	1.083	DSEs Base rate fee	\$120,000.00 1.389 \$1,604.03 x 1.0 = 1,276.80 x .389 = 327.23
		Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
1		E OF OWNER OF CABLE :	SYSTEM: COOPERATIVE II				3314
2 Computation of DSEs for Category "O	of space In the co mercial e	olumn headed "C G (page 3). Dumn headed "D	SE": for each inden, give the DSE as	ependent statio ".25."	l distant stations ident on, give the DSE as " STATIONS: DSEs	-	
Stations							DOF
	C/	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	Add the	e DSEs of each sta	GORY "O" STATIC ation. 1 line 1 of part 5 o		· · · · · · · · · · · · · · · · · · ·		

						DSE SCHEDULE. PAGE
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM:				
	BLEDSOE -	TELEPHONE COOPERA	ATIVE INC.			3314
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all distant :: For each station, give the correspond with the inform : For each station, give the : Divide the figure in colum t at least to the third decima : For each independent stat value as ".25." : Multiply the figure in colur point. This is the station's D	number of hours you ation given in space J total number of hours n 2 by the figure in cc al point. This is the "ba ion, give the "type-val mn 4 by the figure in o	r cable system carrie . Calculate only one if that the station broa lumn 3, and give the asis of carriage value ue" as "1.0." For eacl column 5, and give th	ed the station during the DSE for each station. dcast over the air during result in decimals in communication. If or the station. In network or noncommune result in column 6. I	ng the accounting perio column 4. This figure mu nercial educational static Round to no less than t
Channel Capacity		CATEG	ORY LAC STATIO	NS: COMPUTATI	ON OF DSEs	
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE
			····	E	X	
			÷	=	X	<u> </u>
		······································	·			
			÷	=	X	=
			÷	2	x	=
			÷	=	x	=
			÷	=	x	=
Computation of DSEs for Substitute- Basis Stations	Broadcast space I). Column 2: at your option. Column 3: Column 4:	ect on October 19, 1976 (as one or more live, nonnetwo For each station give the n . This figure should corresp Enter the number of days i Divide the figure in column This is the station's DSE (F	ork programs during t umber of live, nonnetwo ond with the informat n the calendar year: 3 2 by the figure in colu	nat optional carriage work programs carrie ion in space I. 65, except in a leap y mn 3, and give the re	(as shown by the wor d in substitution for pro year. sult in column 4. Roun	ograms that were delete d to no less than the thi
	1. CALL SIGN	2. NUMBER OF 3. NU	JTE-BASIS STAT MBER 4. DSE DAYS YEAR		2. NUMBER 3. OF	NUMBER 4. DSE OF DAYS IN YEAR
		÷	=			=
		· · · · · · · · · · · · · · · · · · ·			· <u></u>	
		·· <u>·····</u> ·····························			· <u></u>	
		••••••••	=		. <u></u>	
		•• <u>••••••</u> •••• <u>•••</u> •	=======================================	· · · · · · · · · · · · · · · · · · ·	• <u></u> ••• <u>-</u> ÷	=
	Add the DSEs	s OF SUBSTITUTE-BASIS of each station. um here and in line 3 of par			0	
5	number of DSI	ER OF DSEs: Give the amo Es applicable to your syster	n.			
Total Number		of DSEs from part 2······				
Total Number of DSEs	2. Number	of DSEs from part 3 of DSEs from part 4	• • • • • • • • • • • • • • • • • • • •)
	S Number					
	5. Number	of DSEs from part 4		*******************	···· • •	

DSE SCHEDULE. PAGE 13,

LEGAL NAME OF OW	NER OF CABLE \$	SYSTEM:							Nomo
BLEDSOE TEL		COOPERATI	VE INC.				3314		Name
 Instructions: Block A must be completed. In block A: If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. If your answer if "No," complete blocks B and C below. 								6 Computation of	
			BLOCK	A: TELEVISION	MARKET	S			3.75 Fee
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 regula- tions in effect on June 24, 1981? Yes – Complete part 8 of the schedule – DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. No – Complete blocks B and C below.									
		BLO	CK B: CA	RRIAGE OF PE	RMITTED	DSEs			
CALL SIGN	Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to								
Column 2:Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)BASIS OF PERMITTED CARRIAGEA Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(e)(1)D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).E Carried pursuant to individual waiver of FCC rules (76.7)*F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]M Retransmission of a distant multicast stream.									
Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)									
	•••••••••••••••		· <u></u>	· ••••••••••••••••••••••••••••••••••••					
<u></u>		. <u></u>	· <u>· · · · · · · · · · · · · · · · · · </u>	. <u></u>	. <u></u>	<u></u>			
			· · · · · · · · · · · · · · · · · · ·				· <u>·····</u>		
							······································		
-	BLOCK C: COMPUTATION OF 3.75 FEE								
Line 1: Enter the total number of DSEs from part 5 of this schedule									
Line 2: Enter the sum of permitted DSEs from block B above									
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)									
Line 4: Enter gros	ss receipts fro	m space K (pa	age 7)				····► <u>\$ 1,257</u> ,3 × 0	.0375	Do any of the DSEs represent partially permited/
Line 5: Multiply lir	ne 4 by 0.037	5 and enter su	ım here				····▶ <u>\$47,</u>	158.17	permited/ partially non- permitted
Line 6: Enter total	l number of D	SEs from line	3				►0		carriage? If yes, see part 9 instructions.
Line 7: Multiply lir	Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)								5

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		-				
Name	BLEDSOE TELEPHONE COOPERATIVE INC. 3314							
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., the stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1987 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A — Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sector 							
	statement of account of		,	ON A PART-TIME AND				
	F 1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED		
	SIGN	DSE	PERIOD	4. BASIS OF CARRIAGE	DSE	DSE		
						-		
			. 					
	······		. 			••••••		
7 Computation	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.							
of the	BLOCK A: MAJOR TELEVISION MARKET							
Syndicated Exclusivity	• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules							
Surcharge	in effect June 24, 1981? Yes-Complete blocks B and C . No-Proceed to part 8							
	BLOCK B: Carriage	e of VHF/Grade B (Contour Stations	BLOCK C: Computation of Exempt DSEs				
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Was any station listed in block B of part 7 carried in any connity served by the cable system prior to March 31, 1972? to former FCC rule 76.159)							
	Yes-List each statio	n below with its approp	Yes—List each station below with its appropriate permitted DSE					
	■ No—Enter zero and	proceed to part 8.	No-Enter zero and complete block D.					
	CALL SIGN	DSE CALL S	SIGN DSE	CALL SIGN	DSE CALL	SIGN DSE		
					·			
					•			
					·			
TOTAL DSEs TOTAL						AL DSEs		

DSE SCHEDULE. PAGE 15.

LEGAL	JAME OF OWNER OF CABLE SYSTEM:	News
BLEC	OSOE TELEPHONE COOPERATIVE INC. 3314	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	_
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the Syndicated
	B. Enter the total number of exempt DSEs from block C of part 7	Exclusivity Surcharge
	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.	
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?	
	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? 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 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	
	SECTION 4: SECOND 50 TELEVISION MARKET	-
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the 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 in line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	

DSE SCHEDULE, PAGE 16,

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
name	BLEDSOE TELEPHONE COOPERATIVE INC. 3314								
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)							
8 Computation of Base Rate Fee	You m 6 was • In b • If yo • If yo blar What were lo	 Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p 6 was checked "Yes," use the total number of DSEs from part 5. In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscrib were located within that station's local service area and others were located outside that area. For the definition of a station's "loservice area," see page (v) of the general instructions. 							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did y	your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. Image: No—Complete the following sections.							
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	1	Enter the amount of gross receipts from space K (page 7) \$ 1,257,551.13							
	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 8,815.44							
		C. Subtract 1.000 from total DSEs 0 (the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here							
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee							

DSE SCHEDULE, PAGE 17,

LEGAL NAME OF OWNER OF CABLE SYSTEM:					
BLEDSOE TELEPHONE COOPERATIVE INC.		3314	Name		
Section 4 If the figure in section 2 is more than 4.000, comp	oute your base rate fee here and leave section 3	blank.	0		
A. Enter 0.01064 of gross receipts (the amount in section 1)	····▶ <u>\$</u>		8		
B. Enter 0.00701 of gross receipts (the amount in section 1)	> <u>\$</u>		Computation of Base Rate Fee		
C. Multiply line B by 3.000 and enter here	···· • <u>\$</u>				
D. Enter 0.00330 of gross receipts (the amount in section 1)·····	► <u>\$</u>	16			
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	······	e:			
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 Base Rate Fee	27)	i.			
IMPORTANT: It is no longer necessary to report television shall instead be reported on a community-by-community line-ups in Space G.	signals on a system-wide basis. Carriage of tele basis (subscriber groups) if the cable system r	evision broadcast signals eported multiple channel	9		
In General: If any of the stations you carried were partially or receipts from subscribers located within the station's local			Computation		
of this exclusion, you must: First: Divide all of your subscribers into subscriber groups,	each group consisting entirely of subscribers th	at are distant to the same	of Base Rate Fee		
station or the same group of stations. Next: Treat each sub- of DSEs and the portion of your system's gross receipts a group.	scriber group as if it were a separate cable system	m. Determine the number	and Syndicated Exclusivity		
Finally: Add up the separate base rate fees for each subsc	riber group. That total is the base rate fee for yc	our system.	Surcharge		
NOTE: If any portion of your cable system is located within must also compute a Syndicated Exclusivity Surcharge for However, if your cable system is wholly located outside all	each subscriber group. In this case, complete b	oth block A and B below.	for Partially Distant		
How to Identify a Subscriber Group for Partially Distant	Stations		Stations, and for Partially		
Step 1: For each community served, determine the local s carried to that community.		irtially distant station you	Permitted Stations		
Step 2: For each wholly distant and each partially distant outside the station's local service area. A subscriber locate by the same token, the station is distant to the subscriber.)	d outside the local service area of a station is di				
Step 3: Divide your subscribers into subscriber groups as subscriber group must consist entirely of subscribers who system will have only one subscriber group when the dista	are distant to exactly the same complement of s	tations. Note that a cable			
Computing the base rate fee for each subscriber group scriber groups.					
In each section:					
Identify the communities/areas represented by each sub	scriber group.				
 Give the call sign for each of the stations in the subscrib subscribers in the group. 	per group's complement-that is, each station the	hat is distant to all of the			
• If:					
 your system is located wholly outside all major and sm and 4 of this schedule; or, 					
 any portion of your system is located in a major or sm part 6 of this schedule. 	aller televison market, give each station's DSE a	as you gave it in block B,			
Add the DSEs for each station. This gives you the total D	SEs for the particular subscriber group.				
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions.					
 Compute a base rate fee for each subscriber group using page. In making this computation, use the DSE and group total DSEs for that group's complement of stations and to show your actual calculations on the form. 	ss recipts figure applicable to the particular subs	scriber group (that is, the			