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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT | OFFICE USE ONLY |
|---------------|----------------------|
| DATE RECEIVED | AMOUNT |
| 8/29/2019 | \$ ALLOCATION NUMBER |
| | |

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 | 2019/1 | | | |
| B | Instructions: Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busin if there were different owners during the accounting period, only the own a single statement of account and royalty fee payment covering the entire account is check here if this is the system's first filling. If not, enter the system's ILEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Armstrong Utilities, Inc. | ness of the cable syst er on the last day of a counting perioa | em the accounting period should s | |
| | | | | 3416620191 |
| | | | | 34166 2019/1 |
| | One Armstrong Place Butler, PA 16001 | | | |
| 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 of | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: Zelienople Head End | • | | <u> </u> |
| | MAILING ADDRESS OF CABLE SYSTEM: 531 Perry Way PO Box 40 (Number, street, rural route, apartment, or suite number) Zelienople, PA 16063 (City, town, state, zip code) | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | y only the frst comr | nunity served below and rel | ist on page 1b |
| Area | with all communities. | | | |
| Served | CITY OR TOWN | STATE | | |
| First Community | ZELIENOPLE BORO - BUTLER COUNTY | PA | | |
| Community | Below is a sample for reporting communities if you report multiple ch | | | OUR ORR# |
| | CITY OR TOWN (SAMPLE) Alda | STATE MD | CH LINE UP A | SUB GRP# |
| Sample | Alliance | MD | B | 2 |
| | Gering | MD | В | 3 |
| | | | | |

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

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. STATE CH LINE UP SUB GRP# CITY OR TOWN **ZELIENOPLE BORO - BUTLER COUNTY** PA 12 AL **First ADAMS TWP - BUTLER COUNTY** PA 12 AL Community 15 ALLEGHENY TWP - FOREST COUNTY PA AO **ALLEGHENY TWP - BUTLER COUNTY** 19 PA AQ **ALLENPORT BORO - WASHINGTON COUNTY** PA 9 ΑI 16 ΑO **ALTHOM - WARREN COUNTY** PA See instructions for ANDOVER TWP - ASHTABULA COUNTY OH 6 AF additional information on alphabetization. ANDOVER VILLAGE - ASHTABULA COUNTY OH 6 **AF ATHALIA BORO - LAWRENCE COUNTY** OH 13 AM ATHENS TOWNSHIP - CRAWFORD COUNTY PA 23 AS **AUSTINTOWN TWP - MAHONING COUNTY** 18 AP OH Add rows as necessary. **BAUGHMAN TWP - WAYNE COUNTY** OH 11 ΑK 17 **BEAVER TWP - MAHONING COUNTY** OH AP **BERLIN TWP - MAHONING COUNTY** ΑP OH 18 **BIG BEAVER BORO - BEAVER COUNTY** 12 PA AL **BLOOMING GROVE TWP - RICHLAND COUNTY** OH 12 AN **BLOOMING VALLEY BORO - CRAWFORD COUNTY** PA 14 AS **BOARDMAN TWP - MAHONING COUNTY** OH 23 AP **BOONE COUNTY - LINCOLN COUNTY** W۷ 17 AΗ BORO OF BARKEYVILLE - VENANGO COUNTY PA 8 AQ **BORO OF CALIFORNIA - WASHINGTON COUNTY** PA 20 ΑĪ PA 9 **BORO OF CAMBRIDGE SPRINGS - CRAWFORD COUNT AT** 27 **BORO OF ELLWOOD CITY - LAWRENCE COUNTY** PA AL **BOROUGH OF EDINBORO - ERIE COUNTY** PA 12 **AT BOROUGH OF TOWNVILLE - CRAWFORD COUNTY** PA 27 AT **BOROUGH OF VENANGO - CRAWFORD COUNTY** PA 27 AT BOROUGH OF WOODCOCK - CRAWFORD COUNTY 27 PA AT **BOYD COUNTY - BOYD COUNTY** KY 13 AM **BRADFORDWOODS BORO - ALLEGHENY COUNTY** 12 PA AL **BRADY TWP - BUTLER COUNTY** PA 12 AL 19 **BRADY TWP - BUTLER COUNTY** PA AQ PA **BRADYS BEND TWP - ARMSTRONG COUNTY** 12 AL 8 AΗ **BRANCH - LINCOLN COUNTY** WV **BRIGHTON TWP - LORAIN COUNTY** OH 14 ΑN **BROKENSTRAW TWP - WARREN COUNTY** PA 16 AO BROWNHELM TWP - LORAIN COUNTY OH 14 AN 12 **BRUIN BORO - BUTLER COUNTY** PA AL **BRUNSWICK HILLS TWP - MEDINA COUNTY** OH 10 AJ **BUFFALO TWP - BUTLER COUNTY** PA 12 AL **BULLSKIN TWP - FAYETTE COUNTY** PA 9 ΑI **BUTLER CITY - BUTLER COUNTY** PA 12 AL

PA

12

AL

BUTLER TWP - BUTLER COUNTY

| 1 | BUTLER TWP - RICHLAND COUNTY | ОН | 14 | AN | |
|---|------------------------------|----|----|----|---|
| | | | | | l |

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area 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 fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. STATE CH LINE UP SUB GRP# CITY OR TOWN **CABELL COUNTY - CABELL COUNTY** WV 8 AH **First CALLENSBURG - CLARION COUNTY** 12 PA AL Community 12 **CALLERY BORO - BUTLER COUNTY** PA AL **CAMBRIDGE TWP - CRAWFORD COUNTY** PA 23 AS **CAMDEN TWP - LORAIN COUNTY** OH 14 AN **CANAAN TWP - WAYNE COUNTY** 14 ΑN OH See instructions for **CANAL TWP - VENANGO COUNTY** PA 26 AS additional information on alphabetization. CANFIELD TWP - MAHONING COUNTY OH 17 AP **CASS TWP - RICHLAND COUNTY** OH 14 AN **CENTER TWP - BUTLER COUNTY** PA 12 AL **CENTERVILLE BORO - WASHINGTON COUNTY** PA 9 ΑI Add rows as necessary. 16 CENTERVILLE BORO - CRAWFORD COUNTY PA ΑO 14 **CHATAM TWP - MEDINA COUNTY** OH ΑN **CHERRY TWP - BUTLER COUNTY** PA 12 AL **CHERRY TWP - BUTLER COUNTY** PA 19 AQ PA 15 ΑO CHERRYTREE - VENANGO COUNTY **CHESAPEAKE VILLAGE - LAWRENCE COUNT** OH 13 AM **CHESTER TWP - WAYNE COUNTY** OH 14 AN **CHICORA BORO - BUTLER COUNTY** PA 12 AL CHIPPEWA TWP - WAYNE COUNTY OH 11 ΑK CITY OF ASHLAND - ASHLAND COUNTY OH 14 ΑN AP **CITY OF CAMPBELL - MAHONING COUNTY** OH 17 AP **CITY OF CANFIELD - MAHONING COUNTY** OH 18 CITY OF CATLETTSBURG - BOYD COUNTY ΚY 13 AM **CITY OF CEREDO - WAYNE COUNTY** WV 13 **AM** CITY OF CONNELLSVILLE - FAYETTE COUNTY PA 9 ΑI ΚY **CITY OF FLATWOODS - GREENUP COUNTY** AA CITY OF GREENUP - GREENUP COUNTY KY 1 AA **CITY OF KECKSBURG - WESTMORELAND COUNT** 9 PA ΑI **CITY OF KENOVA - WAYNE COUNTY** WV 13 AM CITY OF MEADVILLE - CRAWFORD COUNTY PA 23 AS **CITY OF WURTLAND - GREENUP COUNTY** AA KY 14 **CLARKSFIELD TWP - HURON COUNTY** OH AN **CLAY TWP - BUTLER COUNTY** PA 12 AL **CLAY TWP - BUTLER COUNTY** PA 19 AQ **CLEAR CREEK TWP - ASHLAND COUNTY** OH 14 AN 12 **CLEARFIELD TWP - BUTLER COUNTY** PA AL **CLINTON TWP - BUTLER COUNTY** PA 12 AL **CLINTON TWP - VENANGO COUNTY** PA 20 AQ **CLINTONVILLE BORO - VENANGO COUNTY** PA 20 AQ COAL CENTER BORO - WASHINGTON COUNTY 9 PA ΑI **COCHRANTON BORO - CRAWFORD COUNTY** PA 23 AS

| İ | COITSVILLE TWP - MAHONING COUNTY | ОН | 17 | AP |
|---|----------------------------------|----|----|----|
| | | | | |

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area 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 fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **COLUMBIA TWP - LORAIN COUNTY** OH 10 ΑJ **First CONCORD TWP - BUTLER COUNTY** PA 12 AL Community **CONGRESS TWP - WAYNE COUNTY** OH 14 AN 23 **CONNEAUT LAKE BORO - CRAWFORD COUNTY** PA AS CONNEAUT TWP - CRAWFORD COUNTY PA 23 AS **CONNELLSVILLE TWP - FAYETTE COUNTY** PA 9 ΑĪ See instructions for 12 **CONNOQUENESSING BORO - BUTLER COUNTY** PA AL additional information on alphabetization. CONNOQUENESSING TWP - BUTLER COUNTY PA 12 AL **COOLSPRING TWP - MERCER COUNTY** PA 22 AR **COOPERSTOWN BORO - VENANGO COUNTY** PA 26 AS **CORNPLANTER TWP - VENANGO COUNTY** PA 15 AO Add rows as necessary. CRANBERRY TWP - VENANGO COUNTY PA 4 AD 12 PA **CRANBERRY TWP - BUTLER COUNTY** AL **CROWN CITY BORO - GALLIA COUNTY** OH 13 AM CUSSEWAGO TWP - CRAWFORD COUNTY PA 23 AS OH 11 AK **DALTON VILLAGE - WAYNE COUNTY DAUGHERTY TWP - BEAVER COUNTY** PA 12 AL **DEER CREEK TWP - MERCER COUNTY** PA 21 AR **DEERFIELD TWP - WARREN COUNTY** PA 16 ΑO DODDRIDGE COUNTY - DODDRIDGE COUNTY WV AG **DONEGAL TWP - WESTMORELAND COUNTY** PA 9 ΑI **DONEGAL TWP - BUTLER COUNTY** 12 AL PA **DUNBAR BORO - FAYETTE COUNTY** PA 9 ΑI **DUNBAR TWP - FAYETTE COUNTY** PA 9 ΑI 9 **DUNLEVY BORO - WASHINGTON COUNTY** PA ΑI **EAST BRADY BORO - CLARION COUNTY** PA 12 AL **EAST BUTLER BORO - BUTLER COUNTY** PA 12 AL **EAST FAIRFIELD TWP - CRAWFORD COUNTY** PA 23 AS **EAST FALLOWFIELD TWP - CRAWFORD COUNTY** PA 23 AS **EAST HUNTINGDON TWP - WESTMORELAND COUNTY** PA 23 ΑI 9 **EAST LACKAWANOCK TWP - MERCER COUNTY** PA AR PA 22 **EAST MEAD TWP - CRAWFORD COUNTY** AS 23 EAST UNION TWP - WAYNE COUNTY OH AK **EAU CLAIRE - BUTLER COUNTY** PA 11 AQ **ELCO BORO - WASHINGTON COUNTY** PA 19 ΑI 9 **ELK CREEK TOWNSHIP - ERIE COUNTY** PA AT 27 **ELLPORT BORO - LAWRENCE COUNTY** PA AL 12 **ELLSWORTH TWP - MAHONING COUNTY** OH AP **EVANS CITY BORO - BUTLER COUNTY** PA 18 AL **EVERSON BORO - FAYETTE COUNTY** PA 9 ΑI **FAIRFIELD TWP - CRAWFORD COUNTY** 23 PA AS

PA

12

AL

FAIRVIEW BORO - BUTLER COUNTY

| FAIRVIEW TWP - BUTLER COUNTY | PA | 12 | AL |
|------------------------------|----|----|----|
| | | | |

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area 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 fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. STATE CH LINE UP SUB GRP# CITY OR TOWN **FAIRVIEW TWP - MERCER COUNTY** PA 21 AR **First FARMINGTON - CLARION COUNTY** AD PA 4 Community 13 **FAYETTE TWP - LAWRENCE COUNTY** OH AM **FINDLEY TWP - MERCER COUNTY** PA 22 AR FLORENCE TWP - HURON COUNTY OH 14 AN **FORWARD TWP - BUTLER COUNTY** PA 12 AL See instructions for 27 FRANKLIN TOWNSHIP - ERIE COUNTY PA AT additional information on alphabetization. FRANKLIN TWP - FAYETTE COUNTY PA 9 ΑI FRANKLIN TWP - BUTLER COUNTY PA 12 AL FRANKLIN TWP - BEAVER COUNTY PA 12 AL FRANKLIN TWP - RICHLAND COUNTY 14 OH ΑN Add rows as necessary. FRENCHCREEK - MERCER COUNTY 25 AS PA AP **GOSHEN TWP - MAHONING COUNTY** OH 18 **GRAFTON TWP - LORAIN COUNTY** OH 10 ΑJ **GRANGER TWP - MEDINA COUNTY** OH 10 AJ **GREEN TWP - FOREST COUNTY** PA AD 4 **GREEN TWP - ASHLAND COUNTY** OH 14 ΑN 17 **GREEN TWP - MAHONING COUNTY** OH AP **GREENE TWP - WAYNE COUNTY** OH 11 ΑK 24 **GREENE TWP - MERCER COUNTY** PA AS ΚY 1 **GREENUP COUNTY - GREENUP COUNTY** AA **GREENWOOD TWP - CRAWFORD COUNTY** PA 23 AS **GROVE CITY BORO - MERCER COUNTY** PA 22 AR **GUILFORD TWP - MEDINA COUNTY** OH 10 AJ **GUYAN TWP - GALLIA COUNTY** OH 13 **AM HAMPTON TWP - ALLEGHENY COUNTY** PA 12 AL 14 HANOVER TOWNSHIP - ASHLAND COUNTY OH ΑN 12 HARMONY BORO - BUTLER COUNTY PA AL **HARMONY TWP - FOREST COUNTY** PA 15 AO HARRISVILLE BORO - BUTLER COUNTY PA 19 AQ HARRISVILLE TWP - MEDINA COUNTY OH 14 AN **HAYESVILLE VILLAGE - ASHLAND COUNTY** 14 ΑN OH **HAYFIELD TWP - CRAWFORD COUNTY** 23 PA AS **HENRIETTA TWP - LORAIN COUNTY** OH 14 ΑN **HENRY'S BEND - VENANGO COUNTY** PA 15 AO **HICKORY TWP - FOREST COUNTY** PA 15 AO **HOMER TWP - MEDINA COUNTY** OH 14 ΑN **HOMEWOOD BORO - BEAVER COUNTY** PA 12 AL **HUBBARD TWP - TRUMBULL COUNTY** OH 18 AP **HUNTINGTON TWP - LORAIN COUNTY** OH 14 ΑN **HYDETOWN - CRAWFORD COUNTY** PA 16 AO

PA

20

AQ

IRWIN TWP - VENANGO COUNTY

| l | JACKSON CENTER - MERCER COUNTY | PA | 2 | AB |
|---|--------------------------------|----|---|----|
| | | | | |

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area 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 fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **JACKSON TWP - MERCER COUNTY** PA 2 AB **First** JACKSON TWP - BUTLER COUNTY PA 12 AL Community JACKSON TWP - ASHLAND COUNTY OH 14 AN JACKSON TWP - RICHLAND COUNTY 14 OH AN JACKSON TWP - MAHONING COUNTY OH 18 AP **JACKSON TWP - MERCER COUNTY** PA 22 AR See instructions for JACKSON TWP - VENANGO COUNTY PA 26 AS additional information on alphabetization. JAMESTOWN - MERCER COUNTY PA 24 AS **JEFFERSON TWP - SOMERSET COUNTY** PA 3 AC JEFFERSON TWP - FAYETTE COUNTY PA 9 ΑI AL **JEFFERSON TWP - BUTLER COUNTY** PA 12 Add rows as necessary. PA JENKS TWP - FOREST COUNTY AD PA 12 KARNS CITY BORO - BUTLER COUNTY AL W۷ **KIASHVILLE - WAYNE COUNTY** 8 AΗ 5 KINSMAN - TRUMBULL COUNTY COUNTY OH ΑE OH 14 ΑN **KIPTON VILLAGE - LORAIN COUNTY KNOX TWP - CLARION COUNTY** PA 4 AD **KOPPEL BORO - BEAVER COUNTY** PA 12 AL **LAFAYETTE TWP - MEDINA COUNTY** OH 10 ΑJ LAFAYETTE TWP - MEDINA COUNTY 14 OH ΑN **LAGRANGE TOWNSHIP - LORAIN COUNTY** OH 10 ΑJ 2 LAKE TOWNSHIP - MERCER COUNTY PA AB LAKE TOWNSHIP - HOLMES COUNTY OH 14 AN LANCASTER TWP - BUTLER COUNTY PA 12 AL **LAWRENCE TWP - LAWRENCE COUNTY** OH 13 **AM** LE BOEUF TWP - ERIE COUNTY PA 23 AS 27 **LEBOEUF TOWNSHIP - ERIE COUNTY** PA ΑT **LEEPER - CLARION COUNTY** PA 4 AD LIBERTY TWP - MERCER COUNTY PA 22 AR **LICKING - CLARION COUNTY** PA 12 AL **LIMESTONE TWP - WARREN COUNTY** PA 16 AO LINCOLN COUNTY - LINCOLN COUNTY WV 8 AΗ 3 LINCOLN TWP - SOMERSET COUNTY PA AC LINESVILLE BORO - CRAWFORD COUNTY PA 23 AS **LITCHFIELD TWP - MEDINA COUNTY** OH 10 AJ LIVERPOOL TWP - MEDINA COUNTY 10 AJ OH **LOGAN COUNTY - LOGAN COUNTY** WV 8 AΗ LONGBRANCH BORO - WASHINGTON COUNTY PA 9 ΑI **MADISON TWP - RICHLAND COUNTY** OH 14 AN MANSFIELD CITY - RICHLAND COUNTY OH 14 ΑN **MARION TWP - BUTLER COUNTY** PA 12 AL

PA

19

AQ

MARION TWP - BUTLER COUNTY

| İ | MARS BORO - BUTLER COUNTY | PA | 12 | AL | |
|---|---------------------------|----|----|----|--|
| | | | | | |

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area 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 fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **MARSHALL TWP - ALLEGHENY COUNTY** PA 12 AL **First MARSHALLVILLE - WAYNE COUNTY** AK OH 11 Community **MCDONALD VILLAGE - TRUMBULL COUNTY** OH 18 AP 10 **MEDINA CITY - MEDINA COUNTY** OH AJ MEDINA TWP - MEDINA COUNTY OH 10 AJ **MERCER BORO - MERCER COUNTY** PA 22 AR See instructions for **MERCER TWP - BUTLER COUNTY** PA 19 AQ additional information on alphabetization. MIDDLE CREEK TWP - SOMERSET COUNTY PA 3 AC MIDDLESEX TWP - BUTLER COUNTY PA 12 AL **MIFFLIN TWP - ASHLAND COUNTY** OH 14 AN **MILFORD - SOMERSET COUNTY** PA 3 AC 2 Add rows as necessary. **MILL CREEK TWP - MERCER COUNTY** PA AB 23 MILL VILLAGE BORO - ERIE COUNTY PA AS **MILTON TWP - WAYNE COUNTY** 11 OH AK MILTON TWP - ASHLAND COUNT OH 14 AN AP OH 18 **MILTON TWP - MAHONING COUNTY MOHICAN TWP - ASHLAND COUNTY** OH 14 ΑN **MONROE TWP - RICHLAND COUNTY** OH 14 AN **MONTGOMERY TWP - ASHLAND COUNTY** OH 14 AN 10 **MONTVILLE TWP - MEDINA COUNTY** OH ΑJ **MOUNT PLEASANT BORO - WESTMORELAND COUNTY** PA 9 ΑI PA 9 **MOUNT PLEASANT TWP - WESTMORELAND COUNTY** ΑI 12 **MUDDYCREEK TWP - BUTLER COUNTY** PA AL **NEW BEAVER BORO - LAWRENCE COUNTY** PA 12 AL **NEW CENTERVILLE BORO - SOMERSET COUNTY** PA 3 AC **NEW LEBANON BORO - MERCER COUNTY** PA AB 14 **NEW LONDON TWP - HURON COUNTY** OH ΑN **NEW RUSSIA TWP - LORAIN COUNTY** OH 14 AN **NEW SEWICKLEY TWP - BEAVER COUNTY** PA 12 AL **NEW VERNON TWP - MERCER COUNTY** PA 21 AR 19 **NEW WILMINGTON BORO - LAWRENCE COUNTY** PA AQ PA Al **NEWELL BORO - FAYETTE COUNTY** 9 12 NORTH BEAVER TWP - LAWRENCE COUNTY PA AL **NORTH SEWICKLEY TWP - BEAVER COUNTY** PA 12 AL NORTH SHENANGO TWP - CRAWFORD COUNTY PA 23 AS 9 **NORTH UNION TWP - FAYETTE COUNTY** PA ΑI 12 **OAKLAND TWP - BUTLER COUNTY** PA AL OAKLAND TWP - VENANGO COUNTY PA 15 ΑO **OBERLIN CITY - LORAIN COUNTY** OH 14 ΑN **OIL CREEK - VENANGO COUNTY** PA 15 AO ORANGE TWP - ASHLAND COUNTY OH 14 AN **ORRVILLE - WAYNE COUNTY** OH 11 AK

| 1 | OTTER CREEK TWP - MERCER COUNTY | PA | 21 | AR |
|---|---------------------------------|----|----|----|
| | | | | |

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area 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 fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **PAINT - CLARION COUNTY** PA 4 AD **First PAINT TOWNSHIP - WAYNE COUNTY** 11 OH AK Community PARKER TWP - BUTLER COUNTY PA 12 AL 10 **PENFIELD TWP - LORAIN COUNTY** OH AJ PENFIELD TWP - LORAIN COUNTY OH 14 AN **PENN TWP - BUTLER COUNTY** PA 12 AL See instructions for WV **PENNSBORO - RITCHIE COUNTY** AG additional information on alphabetization. PERRY TOWNSHIP - ASHLAND COUNTY OH 14 AN **PERRY TWP - ARMSTRONG COUNTY** PA 12 AL PERRY TWP - LAWRENCE COUNTY PA 12 AL **PERRY TWP - LAWRENCE COUNTY** 13 OH AM Add rows as necessary. **PERRY TWP - ASHLAND COUNTY** 14 ΑN OH **PERRY TWP - MERCER COUNTY** PA 21 AR PETROLIA BORO - BUTLER COUNTY PA 12 AL AV PIKE TOWNSHIP - KNOX COUNTY OH 28 **PINE GROVE TWP - VENANGO COUNTY** 4 AD PA **PINE TWP - ALLEGHENY COUNTY** PA 12 AL **PINE TWP - MERCER COUNTY** PA 22 AR **PINE TWP - CRAWFORD COUNTY** PA 23 AS OH PITTSFIELD TOWNSHIP - LORAIN COUNTY 10 ΑJ PITTSFIELD TWP - LORAIN COUNTY OH 14 ΑN **PLAIN GROVE TWP - LAWRENCE COUNTY** PA 19 AQ **PLAIN TWP - WAYNE COUNTY** OH 14 AN PLEASANT TWP - WARREN COUNTY PA 16 AO PLEASANTS COUNTY - PLEASANTS COUNTY WV AG PLEASANTVILLE - VENANGO COUNTY PA 15 ΑO **PLUM TWP - VENANGO COUNTY** PA 15 ΑO **PLUMER - VENANGO COUNTY** PA 15 AO OH AP **POLAND TWP - MAHONING COUNTY** 17 **POLAND VILLAGE - MAHONING COUNTY** OH 17 AP AL **PORTERSVILLE BORO - BUTLER COUNTY** PA 12 PA **PRESIDENT - VENANGO COUNTY** AD 4 15 ΑO PRESIDENT TWP - VENANGO COUNTY PA PROCTORVILLE VILLAGE - LAWRENCE COUNT OH 13 AM PROSPECT BORO - BUTLER COUNTY PA 12 AL RANDOLPH TWP - CRAWFORD COUNTY PA 23 AS **RANGER - LINCOLN COUNTY** WV 8 AΗ RICHLAND TWP - ALLEGHENY COUNTY PA 12 AL RICHMOND TOWNSHIP - CRAWFORD COUNTY PA 27 AT **RICHMOND TWP - ASHTABULA COUNTY** OH 6 AF RICHMOND TWP - CRAWFORD COUNTY PA 23 AS RITCHIE COUNTY - RITCHIE COUNTY AG

| ROCHESTER TWP - LORAIN COUNTY | ОН | 14 | AN |
|-------------------------------|----|----|----|
| | | | |

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **ROCHESTER VILLAGE - LORAIN COUNTY** OH 14 AN **First ROCKDALE TOWNSHIP - CRAWFORD COUNTY** 27 PA **AT** Community **ROCKLAND TWP - VENANGO COUNTY** PA 20 AQ **ROCKMERE - NO SUBS COUNTY** PA 4 AD **ROME TOWNSHIP - CRAWFORD COUNTY** PA 23 AS **ROME TWP - LAWRENCE COUNTY** OH 13 AM See instructions for **ROME TWP - CRAWFORD COUNTY** PA 16 ΑO additional information on alphabetization. **ROSCOE BORO - WASHINGTON COUNTY** PA 9 ΑI **RUGGLES TWP - ASHLAND COUNTY** OH 14 AN S CONNELLSVILLE BORO - FAYETTE COUNTY PA 9 ΑI S SHENANGO TWP - CRAWFORD COUNTY PA 23 AS Add rows as necessary. SADSBURY TWP - CRAWFORD COUNTY PA 23 AS SAEGERTOWN BORO - CRAWFORD COUNTY PA 23 AS **SALT LICK TWP - FAYETTE COUNTY** PA 3 AC SALT LICK TWP - FAYETTE COUNTY PA 9 ΑI SANDY CREEK TWP - MERCER COUNTY PA 21 AR **SANDY LAKE BORO - MERCER COUNTY** PA 2 AB SANDY LAKE TWP - MERCER COUNTY PA AB **SAXONBURG BORO - BUTLER COUNTY** PA 12 AL SCOTTDALE BORO - WESTMORELAND COUNTY 9 ΑI PA **SEVEN FIELDS BORO - BUTLER COUNTY** PA 12 AL SHARON TOWNSHIP - MEDINA COUNTY OH 10 AJ SHEAKLEYVILLE BORO - MERCER COUNTY PA 21 AR SHENANGO TWP - LAWRENCE COUNTY PA 12 AL SLIPPERY ROCK BORO - BUTLER COUNTY PA 19 AQ SLIPPERY ROCK TWP - LAWRENCE COUNTY PA 12 AL 19 **SLIPPERY ROCK TWP - BUTLER COUNTY** PA AQ SMITH TWP - MAHONING COUNTY OH 18 AP **SMITHBURG - DODDRIDGE COUNTY** W۷ AG 3 **SOMERSET - SOMERSET COUNTY** PA AC AC **SOMERSET 7 SPRINGS NEW - SOMERSET COUNTY** PA 3 PA 9 SOUTH HUNTINGDON TWP - WESTMORELAND COUNTY ΑI 13 AM SOUTH POINT VILLAGE - LAWRENCE COUNTY OH **SOUTH SHENANGO TWP - CRAWFORD COUNTY** PA 23 AS **SOUTHWEST TWP - WARREN COUNTY** PA 16 AO **SPENCER TWP - MEDINA COUNTY** OH 10 AJ SPENCER TWP - MEDINA COUNTY OH 14 AN **SPRINGFIELD TWP - FAYETTE COUNTY** PA 9 ΑI SPRINGFIELD TWP - RICHLAND COUNTY OH 14 AN SPRINGFIELD TWP - MAHONING COUNTY OH 17 AP 22 SPRINGFIELD TWP - MERCER COUNTY PA AR STEUBEN TOWNSHIP - CRAWFORD COUNTY 27

PA

AT

| Ì | STEUBEN TWP - CRAWFORD COUNTY | PA | 16 | AO | l | | | | |
|---|-------------------------------|----|----|----|---|--|--|--|--|
| | | | | | ı | | | | |

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# STEUBEN TWP - CRAWFORD COUNTY PA 23 AS **First** STOCKDALE BORO - WASHINGTON COUNTY 9 PA ΑI Community STONEBORO BORO - MERCER COUNTY PA AB SUGAR GROVE TWP - MERCER COUNTY PA 22 AR SUGARCREEK - ARMSTRONG COUNTY PA 12 AL SUGARCREEK BORO - VENANGO COUNTY PA 26 AS See instructions for **SUGARCREEK TWP - WAYNE COUNTY** OH 11 ΑK additional information on alphabetization. SULLIVAN TWP - ASHLAND COUNTY OH 14 AN **SUMMERHILL TWP - CRAWFORD COUNTY** PA 16 AO **SUMMIT TWP - BUTLER COUNTY** PA 12 AL **SUMMIT TWP - CRAWFORD COUNTY** PA 23 AS Add rows as necessary. PA **TAYLOR TWP - LAWRENCE COUNTY** 12 AL PA **TIDIOUTE - WARREN COUNTY** 16 ΑO **TIONESTA BORO - FOREST COUNTY** PA 4 AD TIONESTA TWP - FOREST COUNTY PA 4 AD **TITUSVILLE CITY - CRAWFORD COUNTY** PA 16 AO **TOWN OF CAIRO - RITCHIE COUNTY** WV 7 AG **TOWN OF ELLENBORO - RITCHIE COUNTY** WV AG 8 **TOWN OF HAMLIN - LINCOLN COUNTY** W۷ ΑH TOWN OF HARRISVILLE - RITCHIE COUNTY WV AG TOWN OF WEST HAMLIN - LINCOLN COUNTY W۷ 8 AΗ TOWNSHIP OF CAMBRIDGE - CRAWFORD COUNTY 27 PA **AT** 27 **TOWNSHIP OF MCKEAN - ERIE COUNTY** PA AT **TOWNVILLE - CRAWFORD COUNTY** PA 23 AS TREESDALE - ALLEGHENY COUNTY PA 12 AL TRIUMPH TWP - WARREN COUNTY PA 16 ΑO 14 TROY TOWNSHIP - ASHLAND COUNTY OH ΑN TROY TWP - ASHLAND COUNTY OH 14 AN TROY TWP - CRAWFORD COUNTY PA 16 AO **UNION TWP - LAWRENCE COUNTY** OH 13 **AM UNION TWP - CRAWFORD COUNTY** PA 23 AS **UPPER TURKEYFOOT - SOMERSET COUNTY** PA AC 3 9 **UPPER TYRONE TWP - FAYETTE COUNTY** PA ΑI **UTICA BORO - VENANGO COUNTY** PA 26 AS **VALENCIA BORO - BUTLER COUNTY** PA 12 AL 9 **VANDERBILT BORO - FAYETTE COUNTY** PA ΑI 27 **VENANGO TOWNSHIP - CRAWFORD COUNTY** PA AT 12 **VENANGO TWP - BUTLER COUNTY** PA AL **VENANGO TWP - BUTLER COUNTY** PA 19 AQ **VENANGO TWP - ERIE COUNTY** PA 23 AS **VERMILLION TWP - ASHLAND COUNTY** OH 14 AN

OH

5

AΕ

VERNON TWP - TRUMBULL COUNTY COUNTY

| VERNON TWP - CRAWFORD COUNTY | PA | 23 | AS | | | | |
|------------------------------|----|----|----|---|--|--|--|
| | | | | l | | | |

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **VICTORY TWP - VENANGO COUNTY** PA 19 AQ First **VOLANT BORO - LAWRENCE COUNTY** 19 PA AQ Community W SHENANGO TWP - CRAWFORD COUNTY PA 23 AS **WAKEMAN TWP - HURON COUNTY** 14 OH AN **WAMPUM BORO - LAWRENCE COUNTY** 12 AL PA **WASHINGTON - CLARION COUNTY** PA AD See instructions for 27 **WASHINGTON TOWNSHIP - ERIE COUNTY** PA ΑT additional information on alphabetization. **WASHINGTON TWP - BUTLER COUNTY** PA 12 AL **WASHINGTON TWP - RICHLAND COUNTY** OH 14 AN **WASHINGTON TWP - LAWRENCE COUNTY** PA 19 AQ **WATSON TWP - WARREN COUNTY** 16 PA AO Add rows as necessary. WATTSBURG BORO - ERIE COUNTY PA 23 AS PA **WAYNE TWP - LAWRENCE COUNTY** 12 AL **WAYNE TWP - CRAWFORD COUNTY** PA 23 AS WEATHERSFIELD TWP - TRUMBULL COUNTY 18 AP OH **WELLER TWP - RICHLAND COUNTY** OH 14 AN **WELLINGTON TOWNSHIP - LORAIN COUNTY** OH 10 AJ **WELLINGTON TWP - LORAIN COUNTY** OH 14 AN **WEST BROWNSVILLE BORO - WASHINGTON COUNTY** PA 9 ΑI 12 **WEST DEER TWP - ALLEGHENY COUNTY** AL PA **WEST FALLOWFIELD TWP - CRAWFORD COUNTY** PA 23 AS WEST FRANKLIN TWP - ARMSTRONG COUNTY PA 12 AL **WEST LIBERTY BORO - BUTLER COUNTY** PA 19 AQ **WEST MEAD TWP - CRAWFORD COUNTY** PA 23 AS WEST PIKE RUN TWP - WASHINGTON COUNTY PA 9 ΑI AS **WEST SALEM TWP - MERCER COUNTY** PA 24 **WEST SUNBURY BORO - BUTLER COUNTY** PA 12 AL 7 **WEST UNION - DODDRIDGE COUNTY** AG **WEST VIRGINIA RURAL - WAYNE COUNTY** WV 13 AM WILLIAMSFORD TWP - ASHTABULA COUNTY OH 6 AF WINDSOR TWP - LAWRENCE COUNTY 13 AM OH **WINFIELD TWP - BUTLER COUNTY** PA 12 AL 22 AR **WOLF CREEK TWP - MERCER COUNTY** PA WOODCOCK TOWNSHIP - CRAWFORD COUNT PA 27 AT **WOODCOCK TWP - CRAWFORD COUNTY** PA 23 AS 2 **WORTH TWP - MERCER COUNTY** PA AB 12 **WORTH TWP - BUTLER COUNTY** PA AL **WORTH TWP - BUTLER COUNTY** PA 19 AQ **WORTHINGTON TWP - RICHLAND COUNTY** OH 14 ΑN YORK TWP - MEDINA COUNTY OH 10 ΑJ

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 34166 Armstrong Utilities, Inc. SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary Transmission 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 Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BLO | OCK 1 | | | BLO | CK 2 | |
|--|-----------------------|------|------|---------------------|-----------------------|------|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RAT | E | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
| Residential: | | | | | | |
| Service to first set | 162,796 | \$ 3 | 3.45 | | | |
| Service to additional set(s) | | | | | | |
| FM radio (if separate rate) | | | | | | |
| Motel, hotel | | | | | | |
| Commercial | | | | | | |
| Converter | | | | | | |
| Residential | | | | | | |
| Non-residential | | | | | | |
| | | | | | | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | BLOCK 1 | | | | | | | |
|---|---------------|-------------------------------|----------|--|---------------------|------|--|--|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | | CATEGORY OF SERVICE | RATE | | |
| Continuing Services: | | Installation: Non-residential | | | | | | |
| Pay cable | \$ 20.95 | Motel, hotel | | | | | | |
| Pay cable—add'l channel | \$17.95/14.95 | Commercial | | | | | | |
| Fire protection | | Pay cable | | | | | | |
| Burglar protection | | Pay cable-add'l channel | | | | | | |
| Installation: Residential | | Fire protection | | | | | | |
| • First set | | Burglar protection | | | | | | |
| Additional set(s) | | Other services: | | | | | | |
| • FM radio (if separate rate) | | Reconnect | \$ 20.00 | | | | | |
| Converter | | Disconnect | | | | | | |
| | | Outlet relocation | | | | | | |
| | | Move to new address | | | | | | |
| | | | | | | | | |

| Armstrong Uti | 'NER OF CABLE S' | | | | | | | |
|---|---|---|---|--|--|----------------------------------|--|--|
| Armstrong Uti | | YSTEM: | | | SYSTEM ID# | Name | | |
| Armstrong Utilities, Inc. 34166 | | | | | | | | |
| PRIMARY TRANSMITT | | | | | | | | |
| carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba | system during t itions in effect of 6.61(e)(2) and (asis, as explaine | he accounting n June 24, 19 (4), or 76.63 (red in the next | g period, except 81, permitting the referring to 76.6 paragraph. | (1) stations carrience carriage of cert 1(e)(2) and (4))]; | s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | Primary Transmitters: Television | | |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program pasis under specific FCC rules, regulations, or authorizations: | | | | | | | | |
| Do not list the station station was carried | n here in space d only on a subs | G—but do lis titute basis. | t it in space I (th | | ent and Program Log)—if the | | | |
| basis. For further i in the paper SA3 f | nformation conc orm. | erning substit | tute basis statio | ns, see page (v) o | tute basis and also on some other of the general instructions located | | | |
| | | - | | | s such as HBO, ESPN, etc. Identify tion. For example, report multi- | | | |
| WETA-simulcast). | | | • | • | h stream separately; for example | | | |
| | | | | | ion for broadcasting over-the-air in | | | |
| its community of licer on which your cable s | • | | annel 4 in Wash | lington, D.C. This | may be different from the channel | | | |
| Column 3: Indicat | e in each case v | whether the st | | | ependent station, or a noncommercial | | | |
| | | | | | cast), "I" (for independent), "I-M" commercial educational multicast). | | | |
| For the meaning of the | | | | | | | | |
| planation of local serv | | | | • | es". If not, enter "No". For an ex- e paper SA3 form. | | | |
| Column 5: If you l | nave entered "Y | es" in column | 4, you must cor | mplete column 5, | stating the basis on which your | | | |
| cable system carried carried the distant sta | | • | ٠. | • | tering "LAC" if your cable system | | | |
| | • | | | | payment because it is the subject | | | |
| | | | | | stem or an association representing | | | |
| • | | | • | senting the prima | ry transmitter, enter the designa- | | | |
| ` ', | the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further | | | | | | | |
| explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the | | | | | | | | |
| | | , see page (v) | of the general | channel on any o | ther basis, enter "O." For a further ed in the paper SA3 form. | | | |
| Column 6: Give the FCC. For Mexican or | ne location of ea Canadian statio | , see page (v) ch station. Fo ns, if any, giv | of the general or U.S. stations, e the name of the | channel on any o instructions locate list the communit ne community with | 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. | | | |
| Column 6: Give the FCC. For Mexican or | ne location of ea Canadian statio | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, | of the general or U.S. stations, e the name of the use a separate | channel on any o instructions locate list the communit ne community with space G for each | 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. | - | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized | ne location of ea Canadian statio ing multiple char | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN | of the general or U.S. stations, e the name of the use a separate | channel on any o instructions locate list the communit ne community with space G for each | 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. channel line-up. | - | | |
| Column 6: Give the FCC. For Mexican or | ne location of ea Canadian statio | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, | of the general or U.S. stations, e the name of the use a separate | channel on any o instructions locate list the communit ne community with space G for each | 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. | | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized 1. CALL | ne location of ea Canadian static ing multiple char 2. B'CAST | , see page (v) ch station. Fo ons, if any, giv onel line-ups, CHANN 3. TYPE | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each 5. BASIS OF | 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. channel line-up. | - | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized 1. CALL SIGN | ne location of ea Canadian static ing multiple char 2. B'CAST CHANNEL | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | 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. channel line-up. | - | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized. 1. CALL SIGN WCHS | ne location of ea Canadian static ing multiple char 2. B'CAST CHANNEL NUMBER | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | 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. channel line-up. 6. LOCATION OF STATION | | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized. 1. CALL SIGN WCHS WCHS-DT2 | 2. B'CAST CHANNEL NUMBER | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the match which the station is identifed. channel line-up. 6. LOCATION OF STATION Charleston, WV | | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized. 1. CALL SIGN WCHS WCHS-DT2 WCHS-HD | 2. B'CAST CHANNEL NUMBER 8.2 | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I-M | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the match the station is identified. channel line-up. 6. LOCATION OF STATION Charleston, WV Charleston, WV | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized. 1. CALL SIGN WCHS WCHS-DT2 WCHS-HD WKAS | 2. B'CAST CHANNEL NUMBER 8.2 8.1 | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I-M N | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | 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. channel line-up. 6. LOCATION OF STATION Charleston, WV Charleston, WV Charleston, WV | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized as Inc. SIGN 1. CALL SIGN WCHS WCHS-DT2 WCHS-HD WKAS WLPX | 2. B'CAST CHANNEL NUMBER 8.2 8.1 26 | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I-M N | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the maken which the station is identifed. channel line-up. 6. LOCATION OF STATION Charleston, WV Charleston, WV Ashland, KY | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized. 1. CALL SIGN WCHS-DT2 WCHS-DT2 WCHS-HD WKAS WLPX-HD | 2. B'CAST CHANNEL NUMBER 8.2 8.1 26 39 | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I-M N | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the make the which the station is identifed. channel line-up. 6. LOCATION OF STATION Charleston, WV Charleston, WV Ashland, KY Charleston, WV | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized as Inc. SIGN 1. CALL SIGN WCHS WCHS-DT2 WCHS-HD WKAS WLPX WLPX WLPX-HD WOWK | 2. B'CAST CHANNEL NUMBER 8.2 8.1 26 39 39.1 | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I-M N E I | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the maken which the station is identifed. channel line-up. 6. LOCATION OF STATION Charleston, WV Charleston, WV Ashland, KY Charleston, WV Charleston, WV Charleston, WV Charleston, WV Charleston, WV | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized. 1. CALL SIGN WCHS-DT2 WCHS-DT2 WCHS-HD WKAS WLPX-HD WOWK WOWK-DT2 | 2. B'CAST CHANNEL NUMBER 8. 8.2 8.1 26 39 39.1 | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I-M N E I N | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the make the which the station is identified. channel line-up. 6. LOCATION OF STATION Charleston, WV Charleston, WV Ashland, KY Charleston, WV Charleston, WV Huntington, WV | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized. 1. CALL SIGN WCHS WCHS-DT2 WCHS-HD WKAS WLPX WLPX-HD WOWK WOWK-DT2 | 2. B'CAST CHANNEL NUMBER 8. 8.2 8.1 26 39 39.1 13 13.2 | , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I-M N E I N I-M I-M | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the make the which the station is identified. It channel line-up. 6. LOCATION OF STATION Charleston, WV Charleston, WV Ashland, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized as Inc. If you are utilized as Inc. If you are utilized as Inc. If you are utilized as Inc. If you are utilized as Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. | 2. B'CAST CHANNEL NUMBER 8. 8.2 8.1 26 39 39.1 13 13.2 13.3 13.4 13.1 | , see page (v) ch station. Fo ons, if any, givened line-ups, CHANN 3. TYPE OF STATION N I-M N I-M I-M I-M I-M I-M | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further and in the paper SA3 form. If to which the station is licensed by the make the which the station is identified. If the channel line-up. Charleston, WV Huntington, WV | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized. 1. CALL SIGN WCHS WCHS-DT2 WCHS-HD WKAS WLPX WLPX-HD WOWK WOWK-DT2 WOWK-DT3 WOWK-DT4 WOWK-HD | 2. B'CAST CHANNEL NUMBER 8 8.2 8.1 26 39 39.1 13 13.2 13.3 | , see page (v) ch station. Fo ons, if any, givened line-ups, CHANN 3. TYPE OF STATION N I-M I N I-M I-M I-M I-M I-M | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further ed in the paper SA3 form. If to which the station is licensed by the enter which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is i | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized as Inc. 1. CALL SIGN 1. CALL SIGN WCHS WCHS-DT2 WCHS-HD WKAS WLPX WLPX WLPX-HD WOWK-DT2 WOWK-DT3 WOWK-DT4 WOWK-HD WQCW | 2. B'CAST CHANNEL NUMBER 8. 8.2 8.1 26 39 39.1 13 13.2 13.3 13.4 13.1 | , see page (v) ch station. Fo ons, if any, givenel line-ups, CHANN 3. TYPE OF STATION N I-M N I-M I-M I-M I-M N I-M I-M | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further and in the paper SA3 form. If to which the station is licensed by the make the which the station is identified. If the channel line-up. Charleston, WV Huntington, WV | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized as the If you are utilized as the FCC. For Mexican or Note: If you are utilized as the If you are utilized as the If you are utilized as the If you are utilized as the If you are utilized as the If you are utilized as the If you are utilized as the If you are utilized as the If you are utilized as the If you are utilized as the If you are utilized as the If you are utilized as the If you | 2. B'CAST CHANNEL NUMBER 8. 8.2 8.1 26 39 39.1 13 13.2 13.3 13.4 13.1 | , see page (v) ch station. Fo ons, if any, givened line-ups, CHANN 3. TYPE OF STATION N I-M N I-M I-M I-M I-M I-M I | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further ed in the paper SA3 form. If the work the station is licensed by the enter which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is licensed by the enter which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is i | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized as Inc. If you are utilized as Inc. If you are utilized as Inc. If you are utilized as Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. | 2. B'CAST CHANNEL NUMBER 8. 8.2 8.1 26 39 39.1 13 13.2 13.3 13.4 13.1 17 30.1 | , see page (v) ch station. Fo ons, if any, givenel line-ups, CHANN 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the make the which the station is identified. It channel line-up. 6. LOCATION OF STATION Charleston, WV Charleston, WV Charleston, WV Charleston, WV Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV Portsmouth, OH Portsmouth, OH | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized as Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. | 2. B'CAST CHANNEL NUMBER 8. 8.2 8.1 26 39 39.1 13 13.2 13.3 13.4 13.1 17 30.1 | , see page (v) ch station. Fo ons, if any, givened line-ups, CHANN 3. TYPE OF STATION N I-M N I-M I-M I-M I-M N I-M I-M | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further and in the paper SA3 form. If you which the station is licensed by the make the which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is identified. In which the station is licensed by the make the make the station is identified. In which the station is licensed by the make the station is identified. In which the station is licensed by the make the station is identified. In which the station is licensed by the make the station is identified. In which the station is licensed by the make the station is licensed by the make the station is identified. In which the station is licensed by the make the station is identified. In which the station is licensed by the make the station is licensed by the make the station is identified. In which the station is licensed by the make the station is licensed by the make the station is licensed by the station is licensed by the make the station is licensed by the st | additional information | | |
| Column 6: Give the FCC. For Mexican or Note: If you are utilized as Inc. SIGN 1. CALL SIGN WCHS WCHS-DT2 WCHS-HD WKAS WLPX WLPX WLPX-HD WOWK-DT3 WOWK-DT3 WOWK-DT4 WOWK-HD WQCW WQCW-HD WSAZ | 2. B'CAST CHANNEL NUMBER 8 8.2 8.1 26 39 39.1 13 13.2 13.3 13.4 13.1 17 30.1 3 3.2 | , see page (v) ch station. Fo ons, if any, givenel line-ups, CHANN 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M | of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? | channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE | ther basis, enter "O." For a further ed in the paper SA3 form. If to which the station is licensed by the enter which the station is identified. In which the station is ident | additional information | | |

| FORM SA3E. PAGE 3. | | | | | ACCOUNTI | NG PERIOD: 2019/1 |
|---|--|--|--|--|--|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | |
| Armstrong Utili | ities, Inc. | | | | 34166 | Name |
| PRIMARY TRANSMITTE | RS: TELEVISIO |)N | | | | |
| 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 5: If you b cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C | G, identify even by stem during the cons in effect or is, as explaine stations: With a CC rules, regular here in space only on a substand also in spatformation concern. The station's call associated with each case with the constant of the constant of the constant of the constant of the constant of the constant of a distant static ion on a part-time in the constant of a distant the entered into on a primary transistic encategories in contains a constant of a distant the entered into on a primary transistic encategories in contains a c | y television standard accounting in June 24, 194, or 76.63 (in d in the next prespect to any attions, or auth G—but do listitute basis. In the standard account in a station account in a station account in a station account in a station. In the station account in a station account in a station account in a station. In the local service in column in during the same basis becamulticast stream or before Jumitter or an account in a see page (v) of the see page (v) of station. For each of the see page (v) of station. For each in a see page (v) of station. For each in account in the see page (v) of station. For each in a see page (v) of station. For each in a see page (v) of station. For each in a see page (v) of station. | g period, except 81, permitting the ferring to 76.6 paragraph. If distant stations orizations: to the ferring to 76.6 paragraph. If the ferring to 76.6 paragraph. If the ferring to 76.6 paragraph. If the ferring to 76.6 paragraph. If the ferring to 76.6 paragraph. If the ferring to 76.6 paragraph. If the ferring to 76.6 paragraph and the ferrin | (1) stations carried to carriage of certa 1(e)(2) and (4))]; as carried by your case special Statement of both on a substitute, see page (v) on program services er-the-air designation of the television statistington, D.C. This book station, an indefor network multicute of "E-M" (for noncontrol located in the distant"), enter "Yes ions located in the inplete column 5, so d. Indicate by entional control of the primary services as the primary of the primary channel on any of instructions located in the instructions located in the instructions located in the instructions located in the instructions located in the instructions located in the instructions located in the community with the community with the community with the community with | es". If not, enter "No". For an expaper 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 designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed. | Primary Transmitters: Television |
| Note: If you are utilizin | ig multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | |
| | | CHANN | EL LINE-UP | AA | | |
| 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 | |
| WVAH | 11 | I | | | Charleston, WV | |
| WVAH-DT2 | 11.2 | I-M | | | Charleston, WV | |
| WVAH-DT3 | 11.3 | I-M | | | Charleston, WV | |
| WVAH-HD | 11.1 | l | | | Charleston, WV | |
| WVPB | 34 | Е | | | Huntington, WV | |
| WVPB-DT2 | 34 | E | | | Huntington, WV | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | ļ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Ĭ. | | | i e | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Armstrong Utilities, Inc. 34166

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AB | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| KDKA | 25 | N | | | Pittsburgh, PA |
| KDKA-HD | 25.1 | N | | | Pittsburgh, PA |
| WEAO | 50 | Е | | | Akron, OH |
| WFMJ | 20 | N | | | Youngstown, OH |
| WFMJ-DT2 | 20.2 | I-M | | | Youngstown, OH |
| WFMJ-HD | 20.1 | N | | | Youngstown, OH |
| WKBN | 27 | N | | | Youngstown, OH |
| WKBN-HD | 27.1 | N | | | Youngstown, OH |
| WPCB | 50 | l | Yes | 0 | Jeanette, PA |
| WPCB-DT2 | 50.2 | I-M | Yes | 0 | Jeanette, PA |
| WPCB-HD | 50.1 | I | Yes | E | Jeanette, PA |
| WQED | 13 | Е | Yes | 0 | Pittburgh, PA |
| WQED-DT2 | 13.2 | E-M | Yes | E | Pittburgh, PA |
| WQED-DT3 | 13.3 | E-M | Yes | E | Pittburgh, PA |
| WQED-DT4 | 14.4 | E-M | Yes | E | Pittburgh, PA |
| WQED-DT5 | 14.5 | E-M | Yes | E | Pittburgh, PA |
| WQED-HD | 13.1 | E | Yes | E | Pittburgh, PA |
| WYFX | 19 | I | | | Youngstown, OH |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | ACCOUNTI | NG PERIOD: 2019/1 |
|--|--|--|--|---|--|---|
| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | |
| Armstrong Util | ities, Inc. | | | | 34166 | Name |
| PRIMARY TRANSMITTE | | DN . | | | | |
| In General: In space (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 4: If the sti planation of local servi Column 5: If you he cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a | G, identify even the system during it it ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.5 | y television standard accounting in June 24, 194, or 76.63 (in din the next) respect to any ations, or auth G—but do listitute basis. In the standard account in a station account in a station account in a station account in a station account in a station account in a station. In the local service whether the station is account in a station account in a station account in a station account in a station in column in a station in column in a station account in a station account in a station in a s | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the time the time that it in space I (the station was carried that it is station was carried that it is one period of the time that it is a network), "N-M" (I educational), contained the time that it is either that it is either that is not some that is not some 30, 2009, be association representations of 18 carried that is not some 30, 2009, be association representations." | (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the Special | 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 |
| explanation of these th | ree categories | , see page (v) | of the general | instructions locate | d in the paper SA3 form. to which the station is licensed by the | |
| FCC. For Mexican or C Note: If you are utilizing | | . , | | • | which the station is identifed. | |
| , , , , , , , , , , , , , , , , , , , | .ga.ap.o oa. | | 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 | |
| WYFX-DT5 | 19.5 | I-M | | | Youngstown, OH | |
| WYFX-DT6 | 19.6 | I-M | | | Youngstown, OH | |
| WYFX-HD | 41.2 | I | | | Youngstown, OH | |
| WYTV | 36 | N | | | Youngstown, OH | |
| WYTV-DT2 | 36.2 | I-M | | | Youngstown, OH | |
| WYTV-DT3 | 36.3 | I-M | | | Youngstown, OH | |
| WYTV-HD | 36.1 | N | | | Youngstown, OH | |
| | | | | | <u> </u> | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | • | | | | | |

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AC | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WATM | 23 | N | | | Pittsburgh, PA |
| WATM-DT2 | 8.1 | I-M | | | Johnstown, PA |
| WATM-DT3 | 23.3 | I-M | | | Pittsburgh, PA |
| WATM-DT4 | 23.4 | I-M | | | Pittsburgh, PA |
| WATM-HD | 23.1 | N | | | Pittsburgh, PA |
| WJAC | 34 | N | | | Johnstown, PA |
| WJAC-DT2 | 34.2 | I-M | | | Johnstown, PA |
| WJAC-DT3 | 34.3 | I-M | | | Johnstown, PA |
| WJAC-DT4 | 34.4 | I-M | | | Johnstown, PA |
| WJAC-HD | 34.1 | N | | | Johnstown, PA |
| WPCB | 50 | I | Yes | 0 | Jeanette, PA |
| WPCB-HD | 50.1 | I | Yes | E | Jeanette, PA |
| WPCW | 19 | ı | | | Jeanette, PA |
| WPCW-HD | 19.1 | I | | | Jeanette, PA |
| WQED | 13 | E | | | Pittburgh, PA |
| WQED-HD | 13.1 | E | | | Pittburgh, PA |
| WTAJ | 32 | N | | | Altoona, PA |
| WTAJ-DT2 | 32.2 | I-M | | | Altoona, PA |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | ACCOUNT | ING PERIOD: 2019/1 |
|---|--|--|---|---|---|----------------------------------|
| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Namo |
| Armstrong Util | ities, Inc. | | | | 34166 | Name |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas | system during the country of the cou | ne accounting n June 24, 19 4), or 76.63 (r d in the next p | period, except 81, permitting the referring to 76.6 paragraph. | (1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | Primary Transmitters: Television |
| basis under specifc FO | CC rules, regula | itions, or auth | orizations: | | ent and Program Log)—if the | relevision |
| | and also in spa formation conc | ice I, if the sta | | | tute basis and also on some other f the general instructions located | |
| each multicast stream | associated with | n a station ac | cording to its over | er-the-air designa | s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example | |
| | | | • | | on for broadcasting over-the-air in may be different from the channel | |
| on which your cable sy Column 3: Indicate | ystem carried the in each case v | ne station. whether the st | ation is a netwo | ork station, an inde | ependent station, or a noncommercial | |
| (for independent multion) For the meaning of the | cast), "E" (for no | oncommercia page (v) of the | l educational), o e general instruc | or "E-M" (for nonco | | |
| planation of local servi | ce area, see pa | age (v) of the | general instructi | ions located in the | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your | |
| carried the distant stat | ion on a part-tir | ne basis beca | ause of lack of a | ctivated channel | tering "LAC" if your cable system capacity. y payment because it is the subject | |
| the cable system and tion "E" (exempt). For | a primary transi simulcasts, also | mitter or an a o enter "E". If | ssociation repre | senting the primar | stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further | |
| Column 6: Give the FCC. For Mexican or 0 | e location of ea Canadian statio | ch station. Fo | r U.S. stations, e the name of th | list the community ne community with | d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | |
| Note: If you are utilizing | ng multiple char | | • | • | cnannei iine-up. | |
| | 1 | CHANN | EL LINE-UP | AC | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| WTAJ-DT3 | 32.3 | I-M | | (II Distant) | Altoona, PA | |
| WTAJ-DT4 | 32.4 | I-M | | | Altoona, PA | |
| WTAJ-HD | 32.1 | I-M | | | Altoona, PA | |
| WWCP-DT2-HD | 23.2 | l | | | Johnstown, PA | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | ļ | |
| | | | | | | |

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AD | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| KDKA | 25 | N | | | Pittsburgh, PA |
| KDKA-DT2 | 25.2 | I-M | | | Pittsburgh, PA |
| KDKA-HD | 25.1 | N | | | Pittsburgh, PA |
| WINP | 38 | I | | | Pittburgh, PA |
| WINP-HD | 38.1 | I | | | Pittburgh, PA |
| WPCB | 50 | I | | | Jeanette, PA |
| WPCB-DT2 | 50.2 | I-M | | | Jeanette, PA |
| WPCB-HD | 50.1 | I | | | Jeanette, PA |
| WPCW | 19 | l | | | Jeanette, PA |
| WPCW-HD | 19.1 | I | | | Jeanette, PA |
| WPGH | 53 | I | | | Pittsburgh, PA |
| WPGH-DT2 | 53.2 | I-M | | | Pittsburgh, PA |
| WPGH-DT3 | 53.3 | I-M | | | Pittsburgh, PA |
| WPGH-HD | 53.1 | I | | | Pittsburgh, PA |
| WPNT | 22 | I | | | Pittsburgh, PA |
| WPNT-DT2 | 22.2 | I-M | | | Pittsburgh, PA |
| WPNT-DT3 | 22.3 | I-M | | | Pittsburgh, PA |
| WPNT-DT4 | 22.4 | I-M | | | Pittsburgh, PA |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AD | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WPNT-HD | 22.1 | ı | | | Pittsburgh, PA |
| WPXI | 48 | N | | | Pittsburgh, PA |
| WPXI-DT2 | 48.2 | I-M | | | Pittsburgh, PA |
| WPXI-DT3 | 48.3 | I-M | | | Pittsburgh, PA |
| WPXI-HD | 48.1 | N | | | Pittsburgh, PA |
| WQED | 13 | E | | | Pittburgh, PA |
| WQED-DT2 | 13.2 | E-M | | | Pittburgh, PA |
| WQED-DT3 | 13.3 | E-M | | | Pittburgh, PA |
| WQED-DT4 | 14.4 | E-M | | | Pittburgh, PA |
| WQED-HD | 13.1 | E | | | Pittburgh, PA |
| WTAE | 51 | N | | | Pittsburgh, PA |
| WTAE-DT2 | 51.2 | I-M | | | Pittsburgh, PA |
| WTAE-HD | 51.1 | N | | | Pittsburgh, PA |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | T | T | | | |

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AE | |
|-----------------|----------------------|---------------|----------------------------|-------------------------|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION |
| WFMJ | NUMBER 20 | STATION N | | (If Distant) | Youngstown, OH |
| WFMJ-DT2 | 20.2 | I-M | | | Youngstown, OH |
| WFMJ-HD | 20.1 | N | | | Youngstown, OH |
| WKBN | 27 | N | | | Youngstown, OH |
| WKBN-HD | 27.1 | N | | | Youngstown, OH |
| WNEO | 45 | E | | | Alliance OH |
| WNEO-DT2 | 45.2 | E-M | | | Alliance OH |
| WNEO-DT3 | 45.3 | E-M | | | Alliance OH |
| WNEO-HD | 45 | E | | | Alliance OH |
| WYFX | 19 | ı | | | Youngstown, OH |
| WYFX-DT5 | 19.5 | I-M | | | Youngstown, OH |
| WYFX-DT6 | 19.6 | I-M | | | Youngstown, OH |
| WYFX-HD | 41.2 | l | | | Youngstown, OH |
| WYTV | 36 | N | | | Youngstown, OH |
| WYTV-DT2 | 36.2 | I-M | | | Youngstown, OH |
| WYTV-DT3 | 36.3 | I-M | | | Youngstown, OH |
| WYTV-HD | 36.1 | N | | | Youngstown, OH |

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AF | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WBNX | 55 | <u> </u> | | | Akron, OH |
| WBNX-DT2 | 55.2 | I-M | | | Akron, OH |
| WBNX-DT4 | 55.4 | I-M | | | Akron, OH |
| WBNX-HD | 55.1 | I-M | | | Akron, OH |
| WDLI | 39 | l | | | Canton, OH |
| WEWS | 5 | N | | | Cleveland, OH |
| WEWS-DT2 | 5.2 | I-M | | | Cleveland, OH |
| WEWS-HD | 5.1 | N | | | Cleveland, OH |
| WJW | 8 | l | | | Cleveland, OH |
| WJW-DT2 | 8.2 | I-M | | | Cleveland, OH |
| WJW-DT3 | 8.3 | I-M | | | Cleveland, OH |
| WJW-DT4 | 8.4 | I-M | | | Cleveland, OH |
| WJW-HD | 8.1 | l I | | | Cleveland, OH |
| WKYC | 17 | N | | | Cleveland, OH |
| WKYC-DT2 | 17.2 | I-M | | | Cleveland, OH |
| WKYC-DT3 | 17.3 | I-M | | | Cleveland, OH |
| WKYC-DT4 | 17.4 | I-M | | | Cleveland, OH |
| WKYC-HD | 17.1 | N | | | Cleveland, OH |

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AF | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WNEO | 45 | E | | | Alliance OH |
| WNEO-HD | 45 | E | | | Alliance OH |
| WOIO | 10 | N | | | Shaker Heights, OH |
| WOIO-DT2 | 10.2 | I-M | | | Shaker Heights, OH |
| WOIO-HD | 10.1 | N | | | Shaker Heights, OH |
| WUAB | 43 | I | | | Lorain, OH |
| WUAB-DT2 | 43.2 | I-M | | | Lorain, OH |
| WUAB-HD | 43.1 | I | | | Lorain, OH |
| WVIZ | 25 | E | | | Cleveland, OH |
| WVIZ-DT2 | 25.2 | E-M | | | Cleveland, OH |
| WVIZ-DT3 | 25.3 | E-M | | | Cleveland, OH |
| WVIZ-DT4 | 25.4 | E-M | | | Cleveland, OH |
| WVIZ-DT5 | 25.5 | E-M | | | Cleveland, OH |
| WVIZ-HD | 25.1 | Е | | | Cleveland, OH |
| WVPX | 23 | I | | | Akron, OH |
| | | | | | |
| | | | | | |
| | | | | | |

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

Form SA3E Long Form (Rev. 05-17)

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AG | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WBOY | 12.1 | N | | | Clarksburg, WV |
| WBOY-DT2 | 12.2 | N | | | Clarksburg, WV |
| WBOY-DT2-HD | 12.2 | N | | | Clarksburg, WV |
| WBOY-DT3 | 12.3 | I-M | | | Clarksburg, WV |
| WBOY-DT4 | 12.4 | I-M | | | Clarksburg, WV |
| WBOY-HD | 12.1 | N | | | Clarksburg, WV |
| WDTV | 5 | N | | | Weston, WV |
| WDTV-DT2 | 5.2 | I-M | | | Weston, WV |
| WDTV-HD | 5.1 | N | | | Weston, WV |
| WNPB | 33 | Е | | | Morgtantown, WV |
| WNPB-HD | 33.1 | E | | | Morgtantown, WV |
| WTAP | 49 | N | | | Parkersburg, WV |
| WTAP-HD | 49.1 | N | | | Parkersburg, WV |
| WVFX | 10 | I | | | Clarksburg, WV |
| WVFX-DT2 | 46.2 | I-M | | | Clarksburg, WV |
| WVFX-HD | 46.1 | I | | | Clarksburg, WV |
| | | | | | |
| | | | | | |

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AH | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 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 |
| WCHS | 8 | N | | | Charleston, WV |
| WCHS-DT2 | 8.2 | I-M | | | Charleston, WV |
| WCHS-HD | 8.1 | N | | | Charleston, WV |
| WKAS | 26 | E | | | Ashland, KY |
| WLPX | 39 | I | | | Charleston, WV |
| WLPX-HD | 39.1 | I | | | Charleston, WV |
| WOWK | 13 | N | | | Huntington, WV |
| WOWK-DT2 | 13.2 | I-M | | | Huntington, WV |
| WOWK-DT3 | 13.3 | I-M | | | Huntington, WV |
| WOWK-DT4 | 13.4 | I-M | | | Huntington, WV |
| WOWK-HD | 13.1 | N | | | Huntington, WV |
| WQCW | 17 | I-M | | | Portsmouth, OH |
| WQCW-HD | 30.1 | I-M | | | Portsmouth, OH |
| WSAZ | 3 | N | | | Huntington, WV |
| WSAZ-DT2 | 3.2 | I-M | | | Huntington, WV |
| WSAZ-HD | 3.1 | N | | | Huntington, WV |
| WTSF | 44 | ı | | | Ashland, KY |
| WTSF-HD | 44.1 | I | | | Ashland, KY |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | ACCOUNTI | NG PERIOD: 2019, |
|---|--|--|--|--|--|------------------------------------|
| LEGAL NAME OF OWN | IER OF CABLE S | YSTEM: | | | SYSTEM ID# | N |
| Armstrong Util | ities, Inc. | | | | 34166 | Name |
| PRIMARY TRANSMITTI | ERS: TELEVISION | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute program bas Substitute Pasis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 of Column 1: List each 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 multifor the meaning of the Column 4: If the splanation of local service Column 5: If you heable system carried the cable system and the | G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and also in spanformation conditions. On the station's call associated with a condition and associated with a condition is outside the cast), "E" (for nease terms, see a condition is outside ice area, see piace area, see pi | y television standard by television standard by television standard by television standard by televisions, or authorized by the state of the state o | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations to record in the station was carried tute basis station report origination coording to its own be reported in the station is a network). "N-M" (I educational), contains a sassigned to annel 4 in Wash station is a network), "N-M" (I educational), contains a sassigned to annel 4 in wash station is a network), "N-M" (I educational), contains a sassigned to annel 4 in wash station is a network), "N-M" (I educational), contains a sassigned to annel 4 in wash station is a network of a general instruct 4, you must contaccounting period accounting period acco | in (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the Special Spe | 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 |
| Column 6: Give the | e location of ea Canadian statio | ch station. Fo | or U.S. stations, e the name of the | list the community he community with | d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. | |
| Trote. II you are utilizii | - Inditiple chai | • | EL LINE-UP | • | onamierinie ap. | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | U. LOCATION OF STATION | |
| | NUMBER | STATION | , | (If Distant) | | |
| WVAH | 11 | ı | | | Charleston, WV | |
| WVAH-DT2 | 11.2 | I-M | | | Charleston, WV | |
| WVAH-DT3 | 11.3 | I-M | | | Charleston, WV | |
| WVAH-HD | 11.1 | ı | | | Charleston, WV | |
| WVPB | 34 | E | | | Huntington, WV | |
| WVPB-DT2 | 34 | E | | | Huntington, WV | |
| | <u> </u> | <u></u> | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | <u></u> | | | | | |
| | | | | | | |
| | <u> </u> | | | | ļ | |
| | | | | | | |
| | <u> </u> | | | | | |
| | | | | | | |

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | Al | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| KDKA | 25 | N | | | Pittsburgh, PA |
| KDKA-DT2 | 25.2 | I-M | | | Pittsburgh, PA |
| KDKA-HD | 25.1 | N | | | Pittsburgh, PA |
| WINP | 38 | I | | | Pittburgh, PA |
| WINP-HD | 38.1 | I | | | Pittburgh, PA |
| WNPB | 33 | Е | | | Morgtantown, WV |
| WPCB | 50 | I | | | Jeanette, PA |
| WPCB-DT2 | 50.2 | I-M | | | Jeanette, PA |
| WPCB-HD | 50.1 | I | | | Jeanette, PA |
| WPCW | 19 | I | | | Jeanette, PA |
| WPCW-HD | 19.1 | l | | | Jeanette, PA |
| WPGH | 53 | I | | | Pittsburgh, PA |
| WPGH-DT2 | 53.2 | I-M | | | Pittsburgh, PA |
| WPGH-DT3 | 53.3 | I-M | | | Pittsburgh, PA |
| WPGH-HD | 53.1 | I | | | Pittsburgh, PA |
| WPNT | 22 | I | | | Pittsburgh, PA |
| WPNT-DT2 | 22.2 | I-M | | | Pittsburgh, PA |
| WPNT-DT3 | 22.3 | I-M | | | Pittsburgh, PA |

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | Al | |
|-----------------|----------------------|---------------|----------------------------|-------------------------|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION |
| | NUMBER | STATION | | (If Distant) | |
| WPNT-DT4 | 22.4 | I-M | | | Pittsburgh, PA |
| WPNT-HD | 22.1 | ı | | | Pittsburgh, PA |
| WPXI | 48 | N | | | Pittsburgh, PA |
| WPXI-DT2 | 48.2 | I-M | | | Pittsburgh, PA |
| WPXI-DT3 | 48.3 | I-M | | | Pittsburgh, PA |
| WPXI-HD | 48.1 | N | | | Pittsburgh, PA |
| WQED | 13 | E | | | Pittburgh, PA |
| WQED-DT2 | 13.2 | E-M | | | Pittburgh, PA |
| WQED-DT3 | 13.3 | E-M | | | Pittburgh, PA |
| WQED-DT4 | 14.4 | E-M | | | Pittburgh, PA |
| WQED-DT5 | 14.5 | E-M | | | Pittburgh, PA |
| WQED-HD | 13.1 | E | | | Pittburgh, PA |
| WTAE | 51 | N | | | Pittsburgh, PA |
| WTAE-DT2 | 51.2 | I-M | | | Pittsburgh, PA |
| WTAE-HD | 51.1 | N | | | Pittsburgh, PA |
| | | | | | |
| | | | | | |
| | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Armstrong Utilities, Inc. 34166 PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| CHANNEL LINE-UP <mark>AJ</mark> | | | | | | | | | |
|---------------------------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|--|--|
| 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 | | | | |
| WBNX | 55 | ı | | | Akron, OH | | | | |
| WBNX-DT2 | 55.2 | I-M | | | Akron, OH | | | | |
| WBNX-DT3 | 55.3 | I-M | | | Akron, OH | | | | |
| WBNX-DT4 | 55.4 | I-M | | | Akron, OH | | | | |
| WBNX-HD | 55.1 | I-M | | | Akron, OH | | | | |
| WDLI | 39 | I | | | Canton, OH | | | | |
| WEWS | 5 | N | | | Cleveland, OH | | | | |
| WEWS-DT2 | 5.2 | I-M | | | Cleveland, OH | | | | |
| WEWS-HD | 5.1 | N | | | Cleveland, OH | | | | |
| WJW | 8 | ı | | | Cleveland, OH | | | | |
| WJW-DT2 | 8.2 | I-M | | | Cleveland, OH | | | | |
| WJW-DT3 | 8.3 | I-M | | | Cleveland, OH | | | | |
| WJW-DT4 | 8.4 | I-M | | | Cleveland, OH | | | | |
| WJW-HD | 8.1 | l | | | Cleveland, OH | | | | |
| WKYC | 17 | N | | | Cleveland, OH | | | | |
| WKYC-DT2 | 17.2 | I-M | | | Cleveland, OH | | | | |
| WKYC-DT3 | 17.3 | I-M | | | Cleveland, OH | | | | |
| WKYC-DT4 | 17.4 | I-M | | | Cleveland, OH | | | | |

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AJ | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WKYC-HD | 17.1 | N | | | Cleveland, OH |
| WNEO | 45 | E | | | Alliance OH |
| WOIO | 10 | N | | | Shaker Heights, OH |
| WOIO-DT2 | 10.2 | I-M | | | Shaker Heights, OH |
| WOIO-HD | 10.1 | N | | | Shaker Heights, OH |
| WRLM | 47 | I | | | Canton, OH |
| WUAB | 43 | I | | | Lorain, OH |
| WUAB-DT2 | 43.2 | I-M | | | Lorain, OH |
| WUAB-HD | 43.1 | I | | | Lorain, OH |
| WVIZ | 25 | Е | | | Cleveland, OH |
| WVIZ-DT2 | 25.2 | E-M | | | Cleveland, OH |
| WVIZ-DT3 | 25.3 | E-M | | | Cleveland, OH |
| WVIZ-DT4 | 25.4 | E-M | | | Cleveland, OH |
| WVIZ-DT5 | 25.5 | E-M | | | Cleveland, OH |
| WVIZ-HD | 25.1 | Е | | | Cleveland, OH |
| WVPX | 23 | I | | | Akron, OH |
| | | | | | |
| | <u> </u> | | | | |

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| CHANNEL LINE-UP AK | | | | | | | | | | |
|--------------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|--|--|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | | |
| WBNX | 55 | I | | | Akron, OH | | | | | |
| WBNX-DT2 | 55.2 | I-M | | | Akron, OH | | | | | |
| WBNX-DT3 | 55.3 | I-M | | | Akron, OH | | | | | |
| WBNX-DT4 | 55.4 | I-M | | | Akron, OH | | | | | |
| WBNX-HD | 55.1 | I-M | | | Akron, OH | | | | | |
| WDLI | 39 | I | | | Canton, OH | | | | | |
| WEWS | 5 | N | | | Cleveland, OH | | | | | |
| WEWS-DT2 | 5.2 | I-M | | | Cleveland, OH | | | | | |
| WEWS-HD | 5.1 | N | | | Cleveland, OH | | | | | |
| WJW | 8 | I | | | Cleveland, OH | | | | | |
| WJW-DT2 | 8.2 | I-M | | | Cleveland, OH | | | | | |
| WJW-DT3 | 8.3 | I-M | | | Cleveland, OH | | | | | |
| WJW-DT4 | 8.4 | I-M | | | Cleveland, OH | | | | | |
| WJW-HD | 8.1 | I | | | Cleveland, OH | | | | | |
| WKYC | 17 | N | | | Cleveland, OH | | | | | |
| WKYC-DT2 | 17.2 | I-M | | | Cleveland, OH | | | | | |
| WKYC-DT3 | 17.3 | I-M | | | Cleveland, OH | | | | | |
| WKYC-DT4 | 17.4 | I-M | | | Cleveland, OH | | | | | |

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AK | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WKYC-HD | 17.1 | N | | | Cleveland, OH |
| WNEO | 45 | E | | | Alliance OH |
| WOIO | 10 | N | | | Shaker Heights, OH |
| WOIO-DT2 | 10.2 | I-M | | | Shaker Heights, OH |
| WOIO-HD | 10.1 | N | | | Shaker Heights, OH |
| WRLM | 47 | I | | | Canton, OH |
| WUAB | 43 | I | | | Lorain, OH |
| WUAB-DT2 | 43.2 | I-M | | | Lorain, OH |
| WUAB-HD | 43.1 | I | | | Lorain, OH |
| WVIZ | 25 | E | | | Cleveland, OH |
| WVIZ-DT2 | 25.2 | E-M | | | Cleveland, OH |
| WVIZ-DT3 | 25.3 | E-M | | | Cleveland, OH |
| WVIZ-DT4 | 25.4 | E-M | | | Cleveland, OH |
| WVIZ-DT5 | 25.5 | E-M | | | Cleveland, OH |
| WVIZ-HD | 25.1 | E | | | Cleveland, OH |
| WVPX | 23 | I | | | Akron, OH |
| | | | | | |
| | | | | | |

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AL | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| KDKA | 25 | N | | | Pittsburgh, PA |
| KDKA-DT2 | 25.2 | I-M | | | Pittsburgh, PA |
| KDKA-HD | 25.1 | N | | | Pittsburgh, PA |
| WINP | 38 | I | | | Pittburgh, PA |
| WINP-HD | 38.1 | I | | | Pittburgh, PA |
| WPCB | 50 | I | | | Jeanette, PA |
| WPCB-DT2 | 50.2 | I-M | | | Jeanette, PA |
| WPCB-HD | 50.1 | I | | | Jeanette, PA |
| WPCW | 19 | I | | | Jeanette, PA |
| WPCW-HD | 19.1 | I | | | Jeanette, PA |
| WPGH | 53 | I | | | Pittsburgh, PA |
| WPGH-DT2 | 53.2 | I-M | | | Pittsburgh, PA |
| WPGH-DT3 | 53.3 | I-M | | | Pittsburgh, PA |
| WPGH-HD | 53.1 | I | | | Pittsburgh, PA |
| WPNT | 22 | I | | | Pittsburgh, PA |
| WPNT-DT2 | 22.2 | I-M | | | Pittsburgh, PA |
| WPNT-DT3 | 22.3 | I-M | | | Pittsburgh, PA |
| WPNT-DT4 | 22.4 | I-M | | | Pittsburgh, PA |

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AL | |
|----------|-----------|---------|-------------|--------------|------------------------|
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | |
| | NUMBER | STATION | | (If Distant) | |
| WPNT-HD | 22.1 | I | | | Pittsburgh, PA |
| WPXI | 48 | N | | | Pittsburgh, PA |
| WPXI-DT2 | 48.2 | I-M | | | Pittsburgh, PA |
| WPXI-DT3 | 48.3 | I-M | | | Pittsburgh, PA |
| WPXI-HD | 48.1 | N | | | Pittsburgh, PA |
| WQED | 13 | E | | | Pittburgh, PA |
| WQED-DT2 | 13.2 | E-M | | | Pittburgh, PA |
| WQED-DT3 | 13.3 | E-M | | | Pittburgh, PA |
| WQED-DT4 | 14.4 | E-M | | | Pittburgh, PA |
| WQED-DT5 | 14.5 | E-M | | | Pittburgh, PA |
| WQED-HD | 13.1 | E | | | Pittburgh, PA |
| WTAE | 51 | N | | | Pittsburgh, PA |
| WTAE-DT2 | 51.2 | I-M | | | Pittsburgh, PA |
| WTAE-HD | 51.1 | N | | | Pittsburgh, PA |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AM | | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| WCHS | 8 | N | | | Charleston, WV | |
| WCHS-DT2 | 8.2 | I-M | | | Charleston, WV | |
| WCHS-HD | 8.1 | N | | | Charleston, WV | |
| WKAS | 26 | E | | | Ashland, KY | |
| WLPX | 39 | I | | | Charleston, WV | |
| WLPX-HD | 39.1 | I | | | Charleston, WV | |
| WOWK | 13 | N | | | Huntington, WV | |
| WOWK-DT2 | 13.2 | I-M | | | Huntington, WV | |
| WOWK-DT3 | 13.3 | I-M | | | Huntington, WV | |
| WOWK-DT4 | 13.4 | I-M | | | Huntington, WV | |
| WOWK-HD | 13.1 | N | | | Huntington, WV | |
| WQCW | 17 | I-M | | | Portsmouth, OH | |
| WQCW-HD | 30.1 | I-M | | | Portsmouth, OH | |
| WSAZ | 3 | N | | | Huntington, WV | |
| WSAZ-DT2 | 3.2 | I-M | | | Huntington, WV | |
| WSAZ-HD | 3.1 | N | | | Huntington, WV | |
| WTSF | 44 | I | | | Ashland, KY | |
| WTSF-HD | 44.1 | I | | | Ashland, KY | |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | ACCOUNTI | NG PERIOD: 2019 |
|---|---|--|--|--|--|--|
| LEGAL NAME OF OWN | NER OF CABLE S | /STEM: | | | SYSTEM ID# | Nama |
| Armstrong Util | ities, Inc. | | | | 34166 | Name |
| PRIMARY TRANSMITT | ERS: TELEVISION | ON | | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis s basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fc 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 s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For | G, identify ever system during to ions in effect on 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a substand also in spanformation concorn. The station's call associated with a cash, "E" (for nese terms, see ation is outside ice area, see "Y he distant staticion on a part-tilision of a distant tentered into o a primary trans simulcasts, also | y television standard part to the station actions of the stations of the | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations to receive basis station was carried tute basis station report origination cording to its owned to the reported in the re | in (1) stations carried the carriage of certain (1(e)(2) and (4))]; as a carried by your content of the Special Statement of the Special S | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | Primary Transmitters: Television |
| | | | | • | to which the station is licensed by the which the station is identifed. | |
| Note: If you are utilizing | ng multiple chai | nnel line-ups, | use a separate | space G for each | channel line-up. | |
| | | CHANN | EL LINE-UP | AM | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| WVAH | 11 | <u> </u> | | | Charleston, WV | |
| WVAH-DT2 | 11.2 | I-M | | | Charleston, WV | |
| WVAH-DT3 | 11.3 | I-M | | | Charleston, WV | |
| WVAH-HD | 11.1 | I | | | Charleston, WV | |
| WVPB | 34 | E | | | Huntington, WV | |
| WVPB-DT2 | 34 | E | | | Huntington, WV | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| h | | L | | | A | |

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Armstrong Utilities, Inc. 34166 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

in the paper SA3 form.

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

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

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

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

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

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

| CHANNEL LINE-UP AN | | | | | | | | | |
|--------------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|--|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | |
| WBNX | 55 | ı | | | Akron, OH | | | | |
| WBNX-DT2 | 55.2 | I-M | | | Akron, OH | | | | |
| WBNX-DT3 | 55.3 | I-M | | | Akron, OH | | | | |
| WBNX-DT4 | 55.4 | I-M | | | Akron, OH | | | | |
| WBNX-HD | 55.1 | I-M | | | Akron, OH | | | | |
| WDLI | 39 | I | | | Canton, OH | | | | |
| WEWS | 5 | N | | | Cleveland, OH | | | | |
| WEWS-DT2 | 5.2 | I-M | | | Cleveland, OH | | | | |
| WEWS-HD | 5.1 | N | | | Cleveland, OH | | | | |
| WJW | 8 | ı | | | Cleveland, OH | | | | |
| WJW-DT2 | 8.2 | I-M | | | Cleveland, OH | | | | |
| WJW-DT3 | 8.3 | I-M | | | Cleveland, OH | | | | |
| WJW-DT4 | 8.4 | I-M | | | Cleveland, OH | | | | |
| WJW-HD | 8.1 | I | | | Cleveland, OH | | | | |
| WKYC | 17 | N | | | Cleveland, OH | | | | |
| WKYC-DT2 | 17.2 | I-M | | | Cleveland, OH | | | | |
| WKYC-DT3 | 17.3 | I-M | | | Cleveland, OH | | | | |
| WKYC-DT4 | 17.4 | I-M | | | Cleveland, OH | | | | |

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AN | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WKYC-HD | 17.1 | N | | | Cleveland, OH |
| WMFD | 12 | I | | | Mansfield, OH |
| WMFD-HD | 68.1 | I | | | Mansfield, OH |
| WNEO | 45 | E | | | Alliance OH |
| WOIO | 10 | N | | | Shaker Heights, OH |
| WOIO-DT2 | 10.2 | I-M | | | Shaker Heights, OH |
| WOIO-HD | 10.1 | N | | | Shaker Heights, OH |
| WUAB | 43 | I | | | Lorain, OH |
| WUAB-DT2 | 43.2 | I-M | | | Lorain, OH |
| WUAB-HD | 43.1 | I | | | Lorain, OH |
| WVIZ | 25 | E | | | Cleveland, OH |
| WVIZ-DT2 | 25.2 | E-M | | | Cleveland, OH |
| WVIZ-DT3 | 25.3 | E-M | | | Cleveland, OH |
| WVIZ-DT4 | 25.4 | E-M | | | Cleveland, OH |
| WVIZ-DT5 | 25.5 | E-M | | | Cleveland, OH |
| WVIZ-HD | 25.1 | E | | | Cleveland, OH |
| WVPX | 23 | I | | | Akron, OH |

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast)

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

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

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

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

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

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

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| KDKA | 25 | N | Yes | 0 | Pittsburgh, PA |
| KDKA-HD | 25.1 | N | Yes | E | Pittsburgh, PA |
| WFXP | 66 | I | Yes | 0 | Erie, PA |
| WFXP-DT2 | 66.2 | I-M | Yes | E | Erie, PA |
| WFXP-DT3 | 66.3 | I-M | Yes | E | Erie, PA |
| WFXP-HD | 66.1 | I | Yes | E | Erie, PA |
| WICU | 12 | N | | | Erie, PA |
| WICU-DT2 | 12.2 | I-M | | | Erie, PA |
| WICU-HD | 12.1 | N | | | Erie, PA |
| WJET | 24 | N | | | Erie, PA |
| WJET-DT2 | 24.2 | I-M | | | Erie, PA |
| WJET-DT3 | 24.3 | I-M | | | Erie, PA |
| WJET-HD | 24.1 | N | | | Erie, PA |
| WQLN | 50 | Е | | | Erie, PA |
| WQLN-HD | 50.1 | E-M | | | Erie, PA |
| WSEE | 16 | N | | | Erie, PA |
| WSEE-DT2 | 35.2 | I-M | | | Erie, PA |
| WSEE-HD | 35.1 | N | | | Erie, PA |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Armstrong Utilities, Inc. 34166

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AP | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WFMJ | 20 | N | | | Youngstown, OH |
| WFMJ-DT2 | 20.2 | I-M | | | Youngstown, OH |
| WFMJ-HD | 20.1 | N | | | Youngstown, OH |
| WKBN | 27 | N | | | Youngstown, OH |
| WKBN-HD | 27.1 | N | | | Youngstown, OH |
| WNEO | 45 | E | | | Alliance OH |
| WNEO-DT2 | 45.2 | E-M | | | Alliance OH |
| WNEO-DT3 | 45.3 | E-M | | | Alliance OH |
| WNEO-HD | 45 | E | | | Alliance OH |
| WQED | 13 | E | Yes | 0 | Pittburgh, PA |
| WYFX | 19 | ı | | | Youngstown, OH |
| WYFX-DT5 | 19.5 | I-M | | | Youngstown, OH |
| WYFX-DT6 | 19.6 | I-M | | | Youngstown, OH |
| WYFX-HD | 41.2 | I | | | Youngstown, OH |
| WYTV | 36 | N | | | Youngstown, OH |
| WYTV-DT2 | 36.2 | I-M | | | Youngstown, OH |
| WYTV-DT3 | 36.3 | I-M | | | Youngstown, OH |
| WYTV-HD | 36.1 | N | | | Youngstown, OH |

Primary Transmitters: Television

G

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AQ | | | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
| KDKA | 25 | N | | | Pittsburgh, PA | | |
| KDKA-DT2 | 25.2 | I-M | | | Pittsburgh, PA | | |
| KDKA-HD | 25.1 | N | | | Pittsburgh, PA | | |
| WINP | 38 | ı | | | Pittburgh, PA | | |
| WINP-HD | 38.1 | I | | | Pittburgh, PA | | |
| WNEO | 45 | E | Yes | О | Alliance OH | | |
| WPCB | 50 | I | | | Jeanette, PA | | |
| WPCB-DT2 | 50.2 | I-M | | | Jeanette, PA | | |
| WPCB-HD | 50.1 | I | | | Jeanette, PA | | |
| WPCW | 19 | I | | | Jeanette, PA | | |
| WPCW-HD | 19.1 | I | | | Jeanette, PA | | |
| WPGH | 53 | l | | | Pittsburgh, PA | | |
| WPGH-DT2 | 53.2 | I-M | | | Pittsburgh, PA | | |
| WPGH-DT3 | 53.3 | I-M | | | Pittsburgh, PA | | |
| WPGH-HD | 53.1 | I | | | Pittsburgh, PA | | |
| WPNT | 22 | I | | | Pittsburgh, PA | | |
| WPNT-DT2 | 22.2 | I-M | | | Pittsburgh, PA | | |
| WPNT-DT3 | 22.3 | I-M | | | Pittsburgh, PA | | |

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AQ | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WPNT-DT4 | 22.4 | I-M | | | Pittsburgh, PA |
| WPNT-HD | 22.1 | I | | | Pittsburgh, PA |
| WPXI | 48 | N | | | Pittsburgh, PA |
| WPXI-DT2 | 48.2 | I-M | | | Pittsburgh, PA |
| WPXI-DT3 | 48.3 | I-M | | | Pittsburgh, PA |
| WPXI-HD | 48.1 | N | | | Pittsburgh, PA |
| WQED | 13 | E | | | Pittburgh, PA |
| WQED-DT2 | 13.2 | E-M | | | Pittburgh, PA |
| WQED-DT3 | 13.3 | E-M | | | Pittburgh, PA |
| WQED-DT4 | 14.4 | E-M | | | Pittburgh, PA |
| WQED-DT5 | 14.5 | E-M | | | Pittburgh, PA |
| WQED-HD | 13.1 | E | | | Pittburgh, PA |
| WTAE | 51 | N | | | Pittsburgh, PA |
| WTAE-DT2 | 51.2 | I-M | | | Pittsburgh, PA |
| WTAE-HD | 51.1 | N | | | Pittsburgh, PA |
| | | | | | |
| | | | | | |
| | | | | | 1 |

G

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Armstrong Utilities, Inc. 34166 PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AR | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 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 |
| KDKA | 25 | N | | | Pittsburgh, PA |
| KDKA-DT2 | 25.2 | I-M | | | Pittsburgh, PA |
| KDKA-HD | 25.1 | N | | | Pittsburgh, PA |
| WFMJ | 20 | N | | | Youngstown, OH |
| WFMJ-DT2 | 20.2 | I-M | | | Youngstown, OH |
| WFMJ-HD | 20.1 | N | | | Youngstown, OH |
| WKBN | 27 | N | | | Youngstown, OH |
| WKBN-HD | 27.1 | N | | | Youngstown, OH |
| WNEO | 45 | Е | | | Alliance OH |
| WPCB | 50 | I | Yes | 0 | Jeanette, PA |
| WPCB-DT2 | 50.2 | I-M | Yes | 0 | Jeanette, PA |
| WPCB-HD | 50.1 | I | Yes | E | Jeanette, PA |
| WQED | 13 | Е | Yes | 0 | Pittburgh, PA |
| WQED-DT2 | 13.2 | E-M | Yes | E | Pittburgh, PA |
| WQED-DT3 | 13.3 | E-M | Yes | E | Pittburgh, PA |
| WQED-DT4 | 14.4 | E-M | Yes | E | Pittburgh, PA |
| WQED-DT5 | 14.5 | E-M | Yes | E | Pittburgh, PA |
| WQED-HD | 13.1 | Е | | | Pittburgh, PA |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | CVCTEM ID# | | |
|---|----------------------|----------------|--------------------|---------------------|--|--------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | |
| Armstrong Utili | ties, Inc. | | | | 34166 | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | |
| n 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 (6.59(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 bas | | | | | , , | Transmitters | |
| | | | | s carried by your | cable system on a substitute program | Television | |
| basis under specifc FC • Do not list the station | , 0 | , | | e Special Statem | ent and Program Log)—if the | | |
| station was carried | • | | | | 3 1 1 3 | | |
| | • | | | | tute basis and also on some other | | |
| in the paper SA3 for | | eming substi | lute basis statioi | is, see page (V) (| of the general instructions located | | |
| • • | | sign. Do not r | eport origination | n program service | es such as HBO, ESPN, etc. Identify | | |
| | | | U | 0 | ition. For example, report multi- | | |
| cast stream as "WETA WETA-simulcast). | -2". Simulcast | streams must | be reported in o | column 1 (list eac | h stream separately; for example | | |
| | channel numb | per the FCC h | nas assigned to | the television stat | ion for broadcasting over-the-air in | | |
| , | | * | annel 4 in Wash | ington, D.C. This | may be different from the channel | | |
| on which your cable sy | | | tation is a netwo | rk station, an inde | ependent station, or a noncommercial | | |
| | | | | | cast), "I" (for independent), "I-M" | | |
| | • | • | ,, | | ommercial educational multicast). | | |
| For the meaning of the | | | | | | | |
| planation of local service | | | • | • | es". If not, enter "No". For an ex- | | |
| | | | | | stating the basis on which your | | |
| • | | • | ٠. | • | tering "LAC" if your cable system | | |
| carried the distant stati | • | | | | 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. | | |
| • | 0 | , , | | | 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 | AR | | | |
| 1 CALL | 2 D'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | OF | (Yes or No) | CARRIAGE | U. LOCATION OF STATION | | |
| | NUMBER | STATION | (10301110) | (If Distant) | | | |
| SIGN | INDINIDER | | | (=) | | | |
| | | I | | | Youngstown, OH | | |
| WYFX WYFX-DT5 | 19 19.5 | I I-M | | | Youngstown, OH Youngstown, OH | | |

| | | CHANN | EL LINE-UP | AR | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 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 |
| WYFX | 19 | I | | | Youngstown, OH |
| WYFX-DT5 | 19.5 | I-M | | | Youngstown, OH |
| WYFX-DT6 | 19.6 | I-M | | | Youngstown, OH |
| WYFX-HD | 41.2 | I | | | Youngstown, OH |
| WYTV | 36 | N | | | Youngstown, OH |
| WYTV-DT2 | 36.2 | I-M | | | Youngstown, OH |
| WYTV-DT3 | 36.3 | I-M | | | Youngstown, OH |
| WYTV-HD | 36.1 | N | | | Youngstown, OH |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AS | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| KDKA | 25 | N | Yes | 0 | Pittsburgh, PA |
| KDKA-HD | 25.1 | N | Yes | Е | Pittsburgh, PA |
| WFXP | 66 | I | Yes | 0 | Erie, PA |
| WFXP-DT2 | 66.2 | I-M | Yes | E | Erie, PA |
| WFXP-DT3 | 66.3 | I-M | Yes | E | Erie, PA |
| WFXP-HD | 66.1 | I | Yes | E | Erie, PA |
| WICU | 12 | N | Yes | 0 | Erie, PA |
| WICU-DT2 | 12.2 | I-M | Yes | E | Erie, PA |
| WICU-HD | 12.1 | N | Yes | E | Erie, PA |
| WJET | 24 | N | Yes | 0 | Erie, PA |
| WJET-DT2 | 24.2 | I-M | Yes | E | Erie, PA |
| WJET-DT3 | 24.3 | I-M | Yes | E | Erie, PA |
| WJET-HD | 24.1 | N | Yes | E | Erie, PA |
| WQLN | 50 | E | Yes | 0 | Erie, PA |
| WQLN-DT2 | 50.2 | E-M | Yes | E | Erie, PA |
| WQLN-DT3 | 50.3 | E-M | Yes | E | Erie, PA |
| WQLN-HD | 50.1 | E-M | Yes | Е | Erie, PA |
| WSFF | 16 | N | Yes | Ο | Frie PA |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | | NG / EMOD. 2015/ | | | | |
|--|---|--|--|---|---|---|--|--|--|--|
| LEGAL NAME OF OWN | | STEM: | | | SYSTEM ID# | Name | | | | |
| | Armstrong Utilities, Inc. 34166 IMARY TRANSMITTERS: TELEVISION | | | | | | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis is basis under specific FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 for | G, identify every system during the consistency of the constructions in effect or the construction of the | y television strand accounting in June 24, 1944), or 76.63 (in the next prespect to any attions, or auth G—but do list titute basis. | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your case Special Statement both on a substitute, see page (v) or | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the cute basis and also on some other afthe general instructions located | G Primary Transmitters: Television | | | | |
| 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 multi- For the meaning of the | associated with A-2". Simulcast see channel numbers. For example system carried the in each case were entering the lecast), "E" (for no ese terms, see | n a station accepted by the station. When the FCC has been station. Whether the station for no concommercial page (v) of the | cording to its over be reported in a cassigned to cannel 4 in Wash ation is a network), "N-M" (I educational), controlled ageneral instructional), controlled ageneral instructional ins | er-the-air designa column 1 (list each the television stati nington, D.C. This ork station, an inde for network multic or "E-M" (for nonco ctions located in the | s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" ommercial educational multicast). ne paper SA3 form. ss". If not, enter "No". For an ex- | | | | | |
| cable system carried to carried the distant state. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | ave entered "Ye he distant static ion on a part-tir sion of a distant t entered into or a primary transi simulcasts, also aree categories e location of ea Canadian statio | es" in column on during the ame basis becamulticast stren or before Jumitter or an amount of the properties of the prope | 4, you must con accounting period ause of lack of a sam that is not some 30, 2009, be association repreyou carried the of the general r U.S. stations, e the name of the use a separate | mplete column 5, sod. Indicate by entactivated channel of subject to a royalty etween a cable systement a cable systement on any of instructions locate list the community me community with space G for each | 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 designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the which the station is identifed. | | | | | |
| | | CHANN | EL LINE-UP | AS | | | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | | |
| WSEE-DT2 | 35.2 | I-M | Yes | E | Erie, PA | | | | | |
| WSEE-HD | 35.1 | N | Yes | E | Erie, PA | | | | | |
| | | | | | | | | | | |

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AT | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| KDKA | 25 | N | | | Pittsburgh, PA |
| KDKA-HD | 25.1 | N | | | Pittsburgh, PA |
| WFXP | 66 | I | | | Erie, PA |
| WFXP-DT2 | 66.2 | I-M | | | Erie, PA |
| WFXP-DT3 | 66.3 | I-M | | | Erie, PA |
| WFXP-HD | 66.1 | I | | | Erie, PA |
| WICU | 12 | N | | | Erie, PA |
| WICU-DT2 | 12.2 | I-M | | | Erie, PA |
| WICU-HD | 12.1 | N | | | Erie, PA |
| WJET | 24 | N | | | Erie, PA |
| WJET-DT2 | 24.2 | I-M | | | Erie, PA |
| WJET-DT3 | 24.3 | I-M | | | Erie, PA |
| WJET-HD | 24.1 | N | | | Erie, PA |
| WQLN | 50 | E | | | Erie, PA |
| WQLN-DT2 | 50.2 | E-M | | | Erie, PA |
| WQLN-DT3 | 50.3 | E-M | | | Erie, PA |
| WQLN-HD | 50.1 | E-M | | | Erie, PA |
| WSEE | 16 | N | | | Erie, PA |

| FORM SA3E. PAGE 3. LEGAL NAME OF OWN | JED OF CARLE O | √STEM: | | | SYSTEM ID# | |
|--|--|--|--|---|---|--------------------------------|
| Armstrong Util | | YSIEM: | | | 34166 | Namo |
| PRIMARY TRANSMITT | | ON. | | | | |
| In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases | G, identify ever system during t ions in effect of 3.61(e)(2) and (sis, as explaine | y television st he accounting n June 24, 19 (4), or 76.63 (ed in the next | g period, except 81, permitting the referring to 76.6 paragraph. | (1) stations carrie ne carriage of cert 1(e)(2) and (4))]; | s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | G Primary Transmitters: |
| basis under specifc FC | | | | s carried by your o | cable system on a substitute program | Television |
| Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for | n here in space only on a subs and also in spa oformation cond orm. | G—but do listitute basis. ace I, if the statement substitute | it in space I (thation was carried tute basis station | d both on a substins, see page (v) c | ent and Program Log)—if the tute basis and also on some other if the general instructions located | |
| | | - | | . • | s such as HBO, ESPN, etc. Identify tion. For example, report multi- | |
| | | | • | • | h stream separately; for example | |
| | se. For example | e, WRC is Ch | • | | ion for broadcasting over-the-air in may be different from the channel | |
| Column 3: Indicate educational station, by (for independent multi-For the meaning of the | e in each case varieties in each case varieties entering the lecast), "E" (for neese terms, see | whether the setter "N" (for noncommercian page (v) of the | etwork), "N-M" (Il educational), c e general instru | for network multic or "E-M" (for nonce ctions located in the | ependent station, or a noncommercial east), "I" (for independent), "I-M" ommercial educational multicast). | |
| planation of local servi Column 5: If you h cable system carried t carried the distant stat For the retransmiss | ice area, see pa ave entered "Y he distant stati iion on a part-ti sion of a distant | age (v) of the es" in column on during the me basis becautional transfer to the multicast streets. | general instruct 4, you must col accounting perion ause of lack of a eam that is not s | ions located in the implete column 5, od. Indicate by en activated channel subject to a royalty | stating the basis on which your tering "LAC" if your cable system | |
| the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the | a primary trans simulcasts, als nree categories e location of ea Canadian static | mitter or an a o enter "E". If s, see page (v ach station. Fo ons, if any, giv | ssociation repre you carried the) of the general or U.S. stations, re the name of the | esenting the prima channel on any of instructions locate list the community are community with | 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 | AT | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | |
| WSEE-DT2 | 35.2 | STATION I-M | | (If Distant) | Erie, PA | - |
| WSEE UD | | | | | <u> </u> | |
| M2EE-UD | 35.1 | N | | | Erie, PA | |
| | | | | | | - |
| | | | | | | - |
| | | | | | | - |
| | | | | | | - |
| | _ | | | | | - |
| | | | | | | |
| | - | | | | | - |
| | † | | | | | - |
| | <u> </u> | | | | | 1 |
| | | | | | | 1 |
| | + ······· | | | | |] |
| | + ······ | | | | | " |
| | T | T | | <u> </u> | |] |

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AV | | |
|-----------------|----------------------|---------------|----------------------------|-------------------------|------------------------|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | |
| | NUMBER | STATION | | (If Distant) | | |
| WBNS-DT3 | 10.3 | I-M | | | Columbus, OH | |
| WBNS-DT2 | 10.2 | I-M | | | Columbus, OH | |
| WBNS | 10 | N | | | Columbus, OH | |
| WBNS-HD | 10.1 | N | | | Columbus, OH | |
| WCMH-DT4 | 4.4 | I-M | | | Columbus, OH | |
| WCMH-DT2 | 4.2 | I-M | | | Columbus, OH | |
| WCMH | 4 | N | | | Columbus, OH | |
| WCMH-HD | 4.1 | N | | | Columbus, OH | |
| WOSU-DT3 | 34.3 | I-M | | | Columbus, OH | |
| WOSU-DT2 | 34.2 | I-M | | | Columbus, OH | |
| WOSU-DT4 | 34.4 | I-M | | | Columbus, OH | |
| wosu | 34 | N | | | Columbus, OH | |
| WOSU-HD | 34.1 | N | | | Columbus, OH | |
| WSYX-DT3 | 6.3 | I-M | | | Columbus, OH | |
| WSYX-DT2 | 6.2 | I-M | | | Columbus, OH | |
| WSYX | 6 | N | | | Columbus, OH | |
| WSYX-HD | 6.1 | N | | | Columbus, OH | |
| WTTE-DT3 | 28.3 | I-M | | | Columbus, OH | |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | ACCOUNTI | NG PERIOD: 2019/ |
|--|--|--|---|--|--|------------------------------------|
| LEGAL NAME OF OW | NER OF CABLE S' | YSTEM: | | | SYSTEM ID# | Name |
| Armstrong Uti | lities, Inc. | | | | 34166 | - Tunio |
| PRIMARY TRANSMITT | TERS: TELEVISION | ON | | | | |
| In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute Basis basis under specific F • Do not list the station station was carried • List the station here basis. For further in the paper SA3 f Column 1: List ea each multicast stream cast stream as "WET. WETA-simulcast). Column 2: Give the its community of licer on which your cable s Column 3: Indicated aducational station, be (for independent multifor the meaning of the Column 5: If you I cable system carried the distant stare for the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these to Column 6: Give the substitution of these to Column 6: Give the column 6: Give the | G, identify ever system during to system during to titons in effect on 16.61(e)(2) and (asis, as explaine Stations: With CC rules, regular neric in space of only on a subset, and also in spanformation concorm. In associated with A-2". Simulcast the channel number in each case of yentering the legicast), "E" (for nese terms, see that ion is outside vice area, see phave entered "Ye the distant statistion on a partitision of a distant the entered into on a primary transfer simulcasts, also three categories are location of each system cartion of each state of each case of a primary transfer in the entered into on a primary transfer in the each categories are location of each system carticles. | y television st he accounting in June 24, 19 (4), or 76.63 (194), or authors, or autho | g period, except 81, permitting the referring to 76.6 paragraph. It is a pace I (the ation was carried tute basis station report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network assigned to annel 4 in Wash tation is a network assigned to annel 4 in Wash tation is a network at it is a network area, (i.e. "or general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, (i.e. "or general instruction of lack of a geam that is not a geam that is not a geam that is not a general instruction." It is not a general instruction of the general or U.S. stations, | (1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your of the Special Statement of both on a substitute, see page (v) on program service er-the-air designation column 1 (list each the television statington, D.C. This book station, an indefor network multicor "E-M" (for noncontrol located in the interest of the television should be entitled to a royalty state of the primal channel on any of instructions located in the interest of the primal channel on any of instructions located in the interest of the primal channel on any of instructions located list the community is the community of the primal channel on any of instructions located list the community is the primal channel on any of instructions located list the community is the primal channel on any of instructions located list the community in the primal channel on any of instructions located list the community is the primal channel on any of instructions located list the community is the primal channel on any of instructions located list the community is the primal channel on any of instructions located list the community is the primal channel on any of instructions located list the community is the primal channel on any of instructions located list the community is the primal channel on any of instructions located list the community is the primal channel on any of the primal cha | 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 |
| Note: If you are utilize | ing multiple cha | nnel line-ups, | use a separate | space G for each | channel line-up. | |
| | | CHANN | EL LINE-UP | AV | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| WTTE-DT2 | 28.2 | I-M | | | Columbus, OH | |
| WTTE | 28 | N | | | Columbus, OH | |
| WTTE-HD | 28.1 | N | | | Columbus, OH | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | <u> </u> | | | | | |
| | <u> </u> | | | | | |
| | | | | | | |
| | <u>-</u> | | | | <u> </u> | |
| | | † | | | <u> </u> | |

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5. | | | | | | | | ACCOUNTING | PERIOD: 2019/1 |
|--|---|--|---|--|--|--|--|--------------------|------------------------------------|
| Armstrong Utilities, In | | EM: | | | | | S | YSTEM ID# 34166 | Name |
| SUBSTITUTE CARRIAGE In General: In space I, identi | _ | | | | n that your | cable | e system c | arried on a | ı |
| substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT • During the accounting per | ccounting pe ing that must CONCER | eriod, under spe st be included in NING SUBST | ecific present and former FC in this log, see page (v) of the TTUTE CARRIAGE | C rules, regula e general instr | ations, or a ructions loo | authori cated i | izations. F n the pap | or a further | Substitute Carriage: Special |
| broadcast by a distant state Note: If your answer is "No | | rest of this pag | ge blank. If your answer is ' | 'Yes," you mu | ust comple | | | X No | Statement and Program Log |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | ce, please a of every not distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the sadcast static adian static ath and day /e "5/7." es when the Example: a er "R" if the and regulatic ogramming | m on a separa attach addition nnetwork televion and that your authorization to use general of the station broadca on's location (the station broadca on's location (the symmetry) as substitute program carrillisted program carrillisted program on sin effect du | al pages. ision program (substitute pour cable system substitutes. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01: was substituted for programing the accounting period | rogram) that, d for the progeral instruction "basketball". lo." m. station is lice station is iderorogram. Use cable system. 15 p.m. to 6:2 mming that y; enter the let | during the ramming ons located List special nsed by the hitified). In numerals a List the ties:30 p.m. our system ter "P" if the street of the system of the | e accoord anough and anough and anough anoug | ounting other static e paper ogram C or, in the month accurately d be required ed pro | h , | |
| s | UBSTITUT | E PROGRAM | 1 | WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON | | | | | |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | | 5. MONTH AND DAY | 6. | TIME: | | FOR DELETION | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | _ | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | _ | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#

34166

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

| | AL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM | I ID# | | | | | |
|--|--|----------|-----------|--------------------|-------|--|--|--|--|--|
| Arı | mstrong Utilities, Inc. | | | 34 | 166 | Name | | | | |
| Ins all a (as | tructions: The figure you give in this space determines the form you fle and the amoun amounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. | ondary i | transmis | sion service | 3 | K Gross Receipts | | | | |
| IMF | PORTANT: You must complete a statement in space P concerning gross receipts. | | (Amount | of gross receipts) | | | | | | |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. | | | | | | | | | | |
| | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below. | e enter | ed on lin | e 1 of | | | | | | |
| | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow. | entered | d on line | 2 in block | | | | | | |
| ▶ If p | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | ould be | entered | on line | | | | | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K | | 3 | | | | | | | |
| | Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | | \$ | ,, | _ | | | | | |
| | This is your minimum fee. | \$ | | 347,676.0 | 0 | | | | | |
| 2 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perion in the part of the property in this block. • Did your cable system carry any distant television stations during the accounting perion in the part of the property in the part of the pa | nn 4, yo | ou must | check | | | | | | |
| Block 3 | 4, or part 9, block A of the DSE schedule. If none, enter zero | | \$ | 47,064.2 | 5_ | | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | | | 0.0 | 0_ | | | | | |
| | Line 3. Add lines 1 and 2 and enter | • | | 47.064.2 | _ | | | | | |
| | here | \$ | | 47,064.2 | 5 | | | | | |
| 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 | | \$ | 347,676.0 | 0_ | Cable systems submitting | | | | |
| | (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. | r | | 0.0 | 00 | additional deposits under | | | | |
| | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | | 0.0 | 0_ | Section 111(d)(7) should contact | | | | |
| | Line 4. FILING FEE | | \$ | 725.0 | 0_ | the Licensing additional fees. Division for the | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | | 348,401.0 | 0 | appropriate form for submitting the additional fees. | | | | |
| | EFT Trace # or TRANSACTION ID # | |] | | | additional lees. | | | | |
| | 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 to | | | | | | | | | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166 | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. | | | | | | | | | | | |
| Onamiers | 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 Ken Proudfoot Telephone (724) 283-0925 | | | | | | | | | | | |
| | Address One Armstrong Place (Number, street, rural route, apartment, or suite number) Butler, PA 16001 (City, town, state, zip) | | | | | | | | | | | |
| | Email kproudfoot@agoc.com Fax (optional) | | | | | | | | | | | |
| O Certifcation | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations. • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) | | | | | | | | | | | |
| | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or | | | | | | | | | | | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or | | | | | | | | | | | |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. | | | | | | | | | | | |
| | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] | | | | | | | | | | | |
| | X /s/ Mark Rankin | | | | | | | | | | | |
| | 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: Mark Rankin | | | | | | | | | | | |
| | Title: Chief Financial Officer (Title of official position held in corporation or partnership) | | | | | | | | | | | |
| | Date: August 31, 2019 | | | | | | | | | | | |

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

| Armstrong Utilities, Inc. SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- | Name | | | | | | | |
|---|------------------------|--|--|--|--|--|--|--|
| The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- | | | | | | | | |
| | | | | | | | | |
| YES. Enter the total here and list the satellite carrier(s) below | | | | | | | | |
| Name Mailing Address Mailing Address Mailing Address | | | | | | | | |
| INTEREST ASSESSMENTS | | | | | | | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | Q | | | | | | | |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment | | | | | | | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | | | | | | | | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | | | | | | | | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | | | | | | | | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. | | | | | | | | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | | | | | | | | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. | | | | | | | | |
| Owner Address | | | | | | | | |
| First community served Accounting period ID number | | | | | | | | |

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

ACCOUNTING PERIOD: 2019/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station 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 accoun (page 3), a distant station is:

| Independent: its type-value is | 1.00 |
|---|------|
| Network: its type-value is | 0.25 |
| Noncommercial educational: its type-value is | 0.25 |
| Note that be all the control of the | |

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have 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, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



| | Distant Stations Carried | | Identification o | | |
|-----|--------------------------|-------|------------------|------------------------|------------------|
| | STATION | DSE | CITY | OUTSIDE LOCAL | GROSS RECEIPTS |
| nin | A (independent) | 1.0 | | SERVICE AREA OF | FROM SUBSCRIBERS |
| s | B (independent) | 1.0 | Santa Rosa | Stations A, B, C, D ,E | \$310,000.00 |
|)- | C (part-time) | 0.083 | Rapid City | Stations A and C | 100,000.00 |
| | D (part-time) | 0.139 | Bodega Bay | Stations A and C | 70,000.00 |
| | E (network) | 0.25 | Fairvale | Stations B, D, and E | 120,000.00 |
| | TOTAL DSFs | 2 472 | | TOTAL GROSS RECEIPTS | \$600,000,00 |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

| 40,00000 | | | | | | | | | | | | |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|--|--|--|--|--|--|--|
| First Subscriber Group | | Second Subscriber Group | | Third Subscriber Group | | | | | | | | |
| (Santa Rosa) | | (Rapid City and Bodega Bay) | | (Fairvale) | | | | | | | | |
| Gross receipts | \$310,000.00 | Gross receipts | \$170,000.00 | Gross receipts | \$120,000.00 | | | | | | | |
| DSEs | 2.472 | DSEs | 1.083 | DSEs | 1.389 | | | | | | | |
| Base rate fee | \$6,497.20 | Base rate fee | \$1,907.71 | Base rate fee | \$1,604.03 | | | | | | | |
| \$310,000 x .01064 x 1.0 = | 3,298.40 | \$170,000 x .01064 x 1.0 = | 1,808.80 | \$120,000 x .01064 x 1.0 = | 1,276.80 | | | | | | | |
| \$310,000 x .00701 x 1.472 = | 3,198.80 | \$170,000 x .00701 x .083 = | 98.91 | \$120,000 x .00701 x .389 = | 327.23 | | | | | | | |
| Base rate fee | \$6,497.20 | Base rate fee | \$1,907.71 | Base rate fee | \$1,604.03 | | | | | | | |

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

ACCOUNTING PERIOD: 2019/1

| DSE SCHEDULE. PAG | E 11. (CONTINUED) | | | | | | | | | | | | |
|----------------------|---|----------------------|---|-----------------|---------------------------|---|--|--|--|--|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | | | | | | |
| 1 | Armstrong Utilities, Inc. | | | | | 34166 | | | | | | | |
| | SUM OF DSEs OF CATEGOR | | ıs· | | | | | | | | | | |
| | Add the DSEs of each station | | | | | | | | | | | | |
| | Enter the sum here and in line | | 3.75 | | | | | | | | | | |
| | Instructions | | | | | | | | | | | | |
| 2 | Instructions: In the column headed "Call S | Sian": list the call | I ciane of all dictant ctations | identified by t | he letter "∩" in column 5 | | | | | | | | |
| _ | of space G (page 3). | Jigii . list the can | i signis or all distant stations | dentined by t | rie letter O in column 3 | | | | | | | | |
| Computation | In the column headed "DSE" | : for each indepe | endent station, give the DSE | as "1.0"; for | each network or noncom- | | | | | | | | |
| of DSEs for | mercial educational station, given | e the DSE as ".2 | | | | | | | | | | | |
| Category "O" | | IS: DSEs | | | | | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | | | |
| | WPCB | 1.000 | | | | | | | | | | | |
| | WQED | 0.250 | | | | | | | | | | | |
| | KDKA | 0.250 | | | | | | | | | | | |
| | WFXP | 1.000 | | | | | | | | | | | |
| | WNEO | 0.250 | | | | | | | | | | | |
| Add rows as | WICU | 0.250 | | | | | | | | | | | |
| necessary. | WJET | 0.250 0.250 | | | | | | | | | | | |
| Remember to copy | WQLN | 0.250 | | | | | | | | | | | |
| all formula into new | WSEE | 0.250 | | | | | | | | | | | |
| rows. | VVOLL | 0.230 | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | (************************************** | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Name | Armstrong Utili | ities, Inc. | | | | | S | 34166 | | | | |
|---|---|--|--|--|---|---|---|--------|--|--|--|--|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2: For figure should correct Column 3: For Column 4: Die be carried out at I Column 5: For give the type-valu Column 6: M | ne call sign of all distator each station, give the respond with the information each station, give the reach station, give the reach independent size as ".25." | the number of hours mation given in space total number of hourn 2 by the figure in the point. This is the station, give the "typ lumn 4 by the figure. | your cable system to J. Calculate on ours that the statin column 3, and g "basis of carriage e-value" as "1.0." in column 5, and | n carried the sta ly one DSE for e on broadcast ov ive the result in e value" for the s For each network give the result in | tion during the accountine each station. Fer the air during the acco decimals in column 4. The | ounting period. nis figure must cational station, | | | | | |
| Capacity | | С | ATEGORY LAC | STATIONS: | COMPUTATI | ON OF DSEs | | | | | | |
| | 1. CALL SIGN | 2. NUMBE OF HOU CARRIE SYSTEM | R 3. N JRS O ED BY S | UMBER F HOURS TATION N AIR | 4. BASIS OF CARRIAG VALUE | 5. TYPE | 6. DS | iΕ | | | | |
| | | | | | | x | | | | | | |
| | | | | | | x | | | | | | |
| | | | ÷ | | | x x | ····· | | | | | |
| | | | | | | x | | | | | | |
| | | | | | | x | | | | | | |
| | | | ÷ | = | | | <u>=</u> | | | | | |
| | ÷ = x = SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, | | | | | | | | | | | |
| Computation of DSEs for Substitute-Basis Stations | space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted | | | | | | | | | | | |
| | | SUI | BSTITUTE-BAS | IS STATIONS | S: COMPUTA | ATION OF DSEs | 1 | | | | | |
| | SIGN | NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | | | | |
| | | ÷ | | = | | ÷ | | = | | | | |
| | | ÷ | | | | ÷ | | = | | | | |
| | | ÷ | | | | - | | = | | | | |
| | | ÷ | | = | | ÷ | | = | | | | |
| | Add the DSEs of e | F SUBSTITUTE-BASI ach station. nere and in line 3 of pa | | 9, | | 0.00 | | | | | | |
| 5 Total Number of DSEs | number of DSEs ap | plicable to your system SEs from part 2 ● SEs from part 3 ● | | in parts 2, 3, and | 4 of this schedule | e and add them to provide | 3.75 0.00 0.00 | | | | | |
| | TOTAL NUMBER C | OF DSEs | | | | | | 3.75 | | | | |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

| LEGAL NAME OF C | OWNER OF CABLE | SYSTEM: | | | | | S | YSTEM ID# 34166 | 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. | | | | | | | | | | | |
| | • | | BLOCK A: 7 | TELEVISION MA | ARKETS | | | | Computation of | | |
| effect on June 24, Yes—Com | , 1981? | schedule— C below. | OO NOT COM | aller markets as de | AINDER OF P | ART 6 AND 7 | | gulations in | 3.75 Fee | | |
| | | | | | | | | | - | | |
| Column 1: CALL SIGN | under FCC rules | and regulati e DSE Sche | ons prior to Ju edule. (Note: T | part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.) | urther explana | tion of permitt | ed stations, see t | he | | | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursus *F A station pre | eles and regued pursuant on as define all education (76. r DSE scherant to individuously carriller station views of the station of the statio | ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tir vithin grade-B | ne or substitute ba contour, [76.59(d)(| se in effect or (6.57, 76.59(b) e)(1), 76.63(a 63(a) referring bstitution of gr | June 24, 198 1, 76.61(b)(c), 1) referring to 7 1 to 76.61(d) 1) randfathered s | 76.63(a) referring 76.61(e)(1 stations in the | | | | |
| Column 3: | | e stations ide | entified by the | n parts 2, 3, and 4 letter "F" in column | | | vorksheet on pag | e 14 of | | | |
| 1. CALL | 2. PERMITTED | 3. DSE | 1. CALL | 2. PERMITTED | 3. DSE | 1. CALL | 2. PERMITTED | 3. DSE | | | |
| SIGN | BASIS | 4.00 | SIGN | BASIS | 0.05 | SIGN | BASIS | | - | | |
| WPCB | A | 1.00 | WJET | D | 0.25 | | | | | | |
| WQED KDKA | C | 0.25 | WQLN WSEE | C | 0.25 | | 4 | | | | |
| | D D | 0.25 | WSEE | D | 0.25 | | - | | | | |
| WFXP | D | 1.00 | | | | | _ | | | | |
| WNEO | C | 0.25 | | | | | - | | | | |
| WICU | D | 0.25 | | | | | + | | | | |
| | | | | | | | | 3.75 | | | |
| | | E | SLOCK C: CC | MPUTATION OF | 3.75 FEE | | | | | | |
| | e total number of | | | | | | | | | | |
| Line 3: Subtract | | | | ove r of DSEs subjec | et to the 3.75 | rata | | | | | |
| | | | | t 7 of this schedu | | | | | | | |
| Line 4: Enter gro | oss receipts from | space K (p | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent partially | | |
| Line 5: Multiply I | line 4 by 0.0375 a | and enter s | um here | | | | х | | permited/ partially nonpermitted carriage? | | |
| Line 6: Enter tota | al number of DSI | Es from line | 3 | | | | <u>, </u> | | If yes, see part 9 instructions. | | |
| Line 7: Multiply I | line 6 by line 5 ar | nd enter he | re and on line | 2, block 3, spac | e L (page 7) | | | 0.00 | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | | |
|--|--------------|---|-----------|---------------------------|---|-----------------|--------------|---------|----------------------------|--|
| 1. CALL | 2. PERMITTED | BLOCK 3. DSE | A: TELEVI | SION MARKETS 2. PERMITTED | 3. DSE | UED) 1. CALL | 2. PERMITTED | 3. DSE | 6 | |
| SIGN | BASIS | 3. D3L | SIGN | BASIS | 3. D3L | SIGN | BASIS | 3. DSL | | |
| | | | - | | | | | | Computation of 3.75 Fee | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | • | | | | | | •••••• | | |
| | | | | | | | | | | |
| | | | | | | | | •••••• | | |
| | | | | | | | | • | | |
| | | | | | | | | | | |
| | | | | | | | | ••••• | | |
| | | • | | | • | | | ••••• | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| •••• | | | | | | | | •••••• | | |
| | | | | | | | | | | |
| | | • | | | | | | •••••• | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | ••••• | | | ••••• | | |
| | | | - | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | •••••• | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | •••••• | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | •••••• | | | •••••• | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | Н | 1 | | II | 1 | | 1 | |

| | LEGAL NAME OF OWN | IER OF CABLE | SYSTEM: | | | | | | | | S | YSTEM ID# | # |
|---|--|-----------------|---------------|-------------|-----------------|-----|-------|--|--------------|--------------------|-----------|-----------|------|
| Name | Armstrong Utili | ities, Inc. | | | | | | | | | | 34166 | 6 |
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the basis of carriage on which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entere in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTI | | | | | | | | | | | | |
| | | PERMITT | ED DSE F | OR STA | TIONS CARRI | ED | 0 | N A PART-TIME AN | ID SUBSTI | TUTE BASIS | | | |
| | | | | | | | | | | | | ERMITTED | _ |
| | SIGN | DSE | | | ERIOD | | | CARRIAGE | | DSE | | DSE | |
| | | | | | | | | | | | | | Т |
| | | | | •••••• | | | | | | | | | •••• |
| | | | | •••••• | | | | | | | | | |
| | | | | | | | | | | | | | •••• |
| | | | | | | | ••••• | | | | | | •••• |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | •••• |
| | | | | •••••• | | | | | | | | | •••• |
| | | | | | | | | | | | | | •••• |
| | | | | | | | | | | | | | •••• |
| | | | | ••••• | | | ••••• | | | | | | |
| | | | | | | | | | | | | | _ |
| 7 Computation of the Syndicated | 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. BLOCK A: MAJOR TELEVISION MARKET | | | | | | | | | | | | |
| Exclusivity | | | | | | | | | | | | | |
| Surcharge | Is any portion of the or | cable system v | vithin a top | 100 majo | r television ma | rke | t as | defned by section 7 | 6.5 of FCC | rules in effect J | une 24, | 1981? | |
| | X Yes—Complete | blocks B and | IC. | | | | Ī | No—Proceed to | part 8 | | | | |
| | | | | | | | | | • | | | | |
| | BLOCK B: C: | arriage of VHF | F/Grade B | Contour | Stations | | | BI OCK | C: Compu | tation of Exem | nt DSF | . | |
| | | | | | | ┪ | | | | | • | | _ |
| | Is any station listed in commercial VHF stati or in part, over the ca | ion that places | • | • | | | nit | as any station listed y served by the cab former FCC rule 76 | le system p | | | | |
| | Yes—List each s | tation below wi | th its appror | oriate perr | nitted DSF | | lr | Yes—List each st | ation below | with its appropria | ate permi | tted DSF | |
| | X No—Enter zero a | | | | | | | X No—Enter zero a | | | | | |
| | NO Enter 2010 a | ina proceed to | part o. | | | | L | NO Linter zero a | na proceed t | o part o. | | | |
| | CALL SIGN | DSE | CALL | SIGN | DSE | | | CALL SIGN | DSE | CALL SIG | iN | DSE | l |
| | | | | | | | | | | | | | , |
| | | | - | | | | | | | | | | , |
| | | | | | | | | | | | | | ı İ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | ı |
| | | | | | | | | | | | | | l |
| | | | | | | | | | | | | | , |
| | | | | | | | | | | | ı | | |
| | - | , | TOTAL | DSEs | 0.00 | | - | | | TOTAL DS | Es | 0.00 | l |
| | | | | • | | ' | 1 | | | | l l | | |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM 34 | 166 | Name |
|---------------|--|------|--------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 6.23 | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | 0.00 | Computation |
| | B. Enter the total number of exempt DSEs from block C of part 7 | 0.00 | of the Syndicated |
| | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8 | 0.00 | Exclusivity Surcharge |
| • Is an | y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below. | | |
| | SECTION 3: TOP 50 TELEVISION MARKET | | |
| Section 3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. | | |
| | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on | | |
| | 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 | | |
| Section 4a | 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 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |

| Name | LEGAL NAM | ME OF OWNER OF CABLE SYSTEM: SYSTEM: | M ID# |
|--------------------------|-------------------|--|-------------|
| Name | | Armstrong Utilities, Inc. | 4166 |
| 7 | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. | |
| Computation | | A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$ | |
| of the Syndicated | | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | |
| Exclusivity 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> . |
| | Instruc | ctions: | |
| 8 | You mi | sust 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. | |
| Computation | • If you | ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. | |
| of Base Rate Fee | • If you blank | ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below | |
| Dase Nate 1 ee | | is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers | |
| | | ocated within that station's local service area and others were located outside that area. For the definition of a station's "local | |
| | service | e 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 | Enter the total number of permitted DSEs from block B, part 6 of this schedule. | |
| | 2 | (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 | |
| <u> </u> | | (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) | .00 |
| | | Base Rate Fee | <u>:::!</u> |

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

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/1

| | AME OF OWNER OF CABLE SYSTEM: trong Utilities, Inc. SYSTE | EM ID# 34166 Name |
|-----------------|---|------------------------------|
| Section | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | |
| 4 | A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$ | 8 |
| | B. Enter 0.00701 of gross receipts (the amount in section 1) | Computation of |
| | C. Multiply line B by 3.000 and enter here | Base Rate Fee |
| | D. Enter 0.00330 of gross receipts (the amount in section 1) | |
| | E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶ | |
| | F. Multiply line D by line E and enter here \$ | |
| | G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee | 0.00 |
| | | |
| | RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals the reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups G. | |
| receipt | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to excluse from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage | |
| | on, you must: | Base Rate Fee and |
| station DSEs | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sam or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the numb and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each gro | ber of Syndicated |
| - | r: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | for |
| also co | 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 impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. How cable system is wholly located outside all major television markets, complete block A only. | wever, Distant Stations, and |
| | Identify a Subscriber Group for Partially Distant Stations | for Partially Permitted |
| | : For each community served, determine the local service area of each wholly distant and each partially distant station you 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 ne token, the station is distant to the subscriber.) | i, by |
| subscr | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber 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. | Э |
| groups | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's sub. a section: | oscriber |
| | fy the communities/areas represented by each subscriber group. | |
| • Give subscr | 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. | |
| | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, | , 3, |
| 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. | |
| | alate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruction apper SA3 form. | าร |
| page. | oute 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 t for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show | total |

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, 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 and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

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

| LEGAL NAME OF OWNE Armstrong Utilitie | | E SYSTEM: | | | | S | YSTEM ID# 34166 | Name | |
|--|----------------|------------------|-------------|-----------------------------------|-----------------|----------------|--------------------|----------------------|--|
| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EAC | CH SUBSCRI | BER GROUP | | | |
| | FIRST | SUBSCRIBER GROU | IP | | SECOND | SUBSCRIBER GRO | UP | • | |
| COMMUNITY/ AREA | | p, WV | | COMMUNITY/ ARE | | ake, PA | | 9 Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| | | | | WPCB | 1.00 | | | Base Rate Fee | |
| *************************************** | | | | WPCB-DT2 | 1.00 | | | and | |
| | | | | WQED | 0.25 | | | Syndicated | |
| | | | <u> </u> | WQED-DT2 | 0.25 | | | Exclusivity | |
| | | | | WQED-DT3 | 0.25 | | | Surcharge | |
| | | | | WQED-DT4 | 0.25 | | | for | |
| | | | _ | WQED-DT5 | 0.25 | | | Partially | |
| | | | _ | | | | | Distant | |
| | | | _ | | | | | Stations | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ••••• | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total DSEs | | | 0.00 | | Total DSEs 3.25 | | | | |
| Gross Receipts First G | roup | \$ 186 | ,012.76 | Gross Receipts Sec | cond Group | \$ 1 | 37,172.38 | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 3,623.07 | | |
| | THIRD | SUBSCRIBER GROU | IP | | FOURTH | SUBSCRIBER GRO | UP | | |
| COMMUNITY/ AREA | Somers | et, PA | | COMMUNITY/ AREA North Clarion, PA | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
| WPCB | 1.00 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | _ | | | | | | |
| | | | <u></u> | | | | | | |
| | | | | | | | | | |
| | | | | | | | <mark></mark> | | |
| | | | _ | | | | | | |
| | | | | | | | | | |
| | | | | | | | <u>.</u> | | |
| | | | | | | | | | |
| Total DSEs | | | 1.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Third (| Group | \$ 364 | ,449.49 | Gross Receipts Fou | ırth Group | \$ 3 | 15,243.93 | | |
| | | | | | | | i | | |
| Base Rate Fee Third 0 | Group | \$ 3 | ,877.74 | Base Rate Fee Fou | ırth Group | \$ | 0.00 | | |
| Base Rate Fee: Add the | | | riber group | as shown in the boxes | s above. | ¢ | 47 064 25 | | |
| Enter here and in block | ι 3, iine 1, s | space L (page /) | | | | \$ | 47,064.25 | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166 | | | | | | | | | | |
|------------------------|---|---------------------------------|---------------|--|-----------|---------------------------------|-----------|---------------------|--|--|--|
| В | | COMPUTATION O SUBSCRIBER GRO | | ATE FEES FOR EAC | | RIBER GROUP H SUBSCRIBER GRO | UP | | | | |
| COMMUNITY/ AREA | Kinsm | an, OH | | COMMUNITY/ AREA | A Andove | er, OH | | 9 Computation | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | | |
| | | | | | | | | Base Rate Fee | | | |
| | | | | | | | | Syndicated | | | |
| | | | | | | | | Exclusivity | | | |
| | | | <mark></mark> | | | | <u></u> | Surcharge for | | | |
| | | | | | | | | Partially | | | |
| | | | | | | | <u></u> | Distant Stations | | | |
| | | | | | | | | Otations | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | | |
| Gross Receipts First G | iroup | \$ 52 | 2,320.71 | Gross Receipts Second Group \$ 68,203.43 | | | | | | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | | |
| | | SUBSCRIBER GRO | UP | | | SUBSCRIBER GRO | UP | | | | |
| COMMUNITY/ AREA | Harris | /IIIe, WV | | COMMUNITY/ ARE | A Hamlin | , WV | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | |
| | | | | | | | | | | | |
| | | | <u></u> | | | | | | | | |
| | | | | | | | | | | | |
| | | | <u></u> | - | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | <u></u> | | | | |
| | | | | | | | | | | | |
| | | | | | | | <u></u> | | | | |
| | | | | | ••••• | | | | | | |
| | | | | | | | | | | | |
| Total DSEs | | - | 0.00 | Total DSEs | | - | 0.00 | | | | |
| Gross Receipts Third (| ross Receipts Third Group \$ 218,091.28 | | | | rth Group | \$ 5 | 13,865.23 | | | | |
| Base Rate Fee Third (| ase Rate Fee Third Group \$ 0.00 | | | Base Rate Fee Fourth Group \$ 0.00 | | | 0.00 | | | | |
| | ne base ra | te fees for each subs | | Base Rate Fee Four | | \$ | 0.00 | | | | |

| LEGAL NAME OF OWNE Armstrong Utilitie | | LE SYSTEM: | | | | SY | STEM ID# 34166 | Name |
|--|--|----------------|--------------|------------------------------------|-----------|-----------------|-------------------|----------------------|
| В | | | | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| | | SUBSCRIBER GRO | UP | | | SUBSCRIBER GROU | Р | 9 |
| COMMUNITY/ AREA | Connel | llsville, PA | | COMMUNITY/ ARE | A Medina, | ОН | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | <mark></mark> | | | | | | | Syndicated |
| | <u></u> | | | | | | | Exclusivity |
| | <mark></mark> | | | | | | | Surcharge |
| | <mark></mark> | | | | | | | for |
| | <mark></mark> | | <u>.</u> | | ····· | | | Partially Distant |
| | <u>-</u> | | | | | - | <u> </u> | Stations |
| | <mark></mark> | | <u>.</u> | | ····· | | <u> </u> | Stations |
| | <u>-</u> | | | | | | <u> </u> | |
| | <u>-</u> | H | ······ | | | - | <u> </u> | |
| | <u>-</u> | | | | | H | | |
| | <u> </u> | | · | | | <u> </u> | | |
| | ······································ | • | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts First G | iroup | \$ 3,405 | ,265.91 | Gross Receipts Sec | | | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| E | LEVENTH | SUBSCRIBER GRO | UP | | TWELVTH | SUBSCRIBER GROU | Р | |
| COMMUNITY/ AREA | | | | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u></u> | | | | | | | |
| | <mark></mark> | | | | | | | |
| | <mark> </mark> | | | | | | <u></u> | |
| | <mark> </mark> | | <u> </u> | | | | <u></u> | |
| | <mark></mark> | | | - | | | <u>-</u> | |
| | <u></u> | | | | | - | | |
| | <u></u> | | | | | | <u> </u> | |
| | <u>-</u> | | ······ | | | - | <u> </u> | |
| | <u></u> | • | | | ••••• | <u> </u> | | |
| | <u> </u> | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Gross Receipts Third Group \$ 605,537.10 | | | | rth Group | \$ 10,42 | 0,015.76 | |
| Base Rate Fee Third (| ase Rate Fee Third Group \$ 0.00 | | | Base Rate Fee Fourth Group \$ 0.00 | | | | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNE Armstrong Utilitie | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|-------------------------------------|------------------|--------------|----------------------|--|-----------------|--------------------|---------------|
| | | | | ATE FEES FOR EAC | | | | |
| | | SUBSCRIBER GRO | UP | †† | | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | South F | Point, OH | | COMMUNITY/ ARE | A Ashland | ОН | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | - | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | <u></u> | | | | | | | Surcharge |
| | | | | | | | | for |
| | <mark></mark> | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | <u>.</u> | | | | ····· | Stations |
| | <u></u> | | <u>.</u> | | | | ····· | |
| | <u></u> | | <u>-</u> | | | | | |
| | | | | | | | | |
| | | | - | | | | | |
| | | | ····· | | | | | |
| T | | | 0.00 | T / 1 DOF | | | 0.00 | |
| Total DSEs | | - | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts First G | roup | \$ 2,030 | ,048.89 | Gross Receipts Sec | ond Group | \$ 1,7 | 60,222.41 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| EI | ETEENTH | SUBSCRIBER GRO | ID | | SIYTEENTH | SUBSCRIBER GROU | ID | |
| COMMUNITY/ AREA | | | | COMMUNITY/ ADE | | | | |
| COMMUNITY AREA | venang | jo & Forest Cour | illes, FA | COMMUNITY/ ARE | A waitell | & Crawford Coun | illes, PA | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| WFXP | 1.00 | | | KDKA | 0.25 | | | |
| WFXP-DT2 | 1.00 | | | | | | | |
| WFXP-DT3 | 1.00 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <mark></mark> | - | | | | | | |
| | <mark></mark> | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u></u> | | <u>.</u> | | | | ····· | |
| | <u></u> | | <u>-</u> | | | | | |
| Total DSEs | | | 3.00 | Total DSEs | | | 0.25 | |
| Gross Receipts Third (| -roup | ¢ 103 | ,971.07 | Gross Receipts Fou | rth Group | ę 2 | 91,569.77 | |
| Cross Necelbis Hilla (| J. Oup | <u> </u> | ,5, 1.07 | Torosa Necelpis Fou | rai Gioup | \$ 3 | . 1,000.11 | |
| Base Rate Fee Third C | se Rate Fee Third Group \$ 4,783.33 | | | | Base Rate Fee Fourth Group \$ 1,041.58 | | | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | es above. | \$ | | |

| Name | 34166 | | | | | | s, inc. | Armstrong Utilitie | | | | |
|------------------------|-------------------|-------------------------------|------------------------------|---------------------|-----------------|--|-------------------|------------------------|--|--|--|--|
| | | | | TE FEES FOR EAC | BASE RA | COMPUTATION OF | LOCK A: (| BI | | | | |
| 0 | | SUBSCRIBER GROU | | H | | SUBSCRIBER GROU | | | | | | |
| 9 Computati | | ning & Trumbull | W. Maho | COMMUNITY/ AREA | ity, OH | Mahoning Coun | | COMMUNITY/ AREA | | | | |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | | | | |
| Base Rate | | | 0.25 | WQED | | | | | | | | |
| and | | | | | | | | | | | | |
| Syndicate Exclusivi | | | | | | | | | | | | |
| Surcharg | ···· | | | | | | | | | | | |
| for | | | | | | | | | | | | |
| Partially | | | | | | | | | | | | |
| Distant | | | | | | | | | | | | |
| Stations | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | ••••• | | | | | | | | | | |
| | 0.25 | | • | Total DSEs | 0.00 | | ' | Total DSEs | | | | |
| | 63,315.15 | \$ 2,36 | d Group | Gross Receipts Seco | ,248.80 | s 3,394, | roup | Gross Receipts First G | | | | |
| | | <u> </u> | • | II | | | • | · | | | | |
| | | | | | | Base Rate Fee First Group \$ 0.00 | | | | | | |
| | 6,286.42 | \$ | d Group | Base Rate Fee Seco | 0.00 | \$ | roup | Base Rate Fee First G | | | | |
| | 6,286.42 | \$ SUBSCRIBER GROU | | | | \$ SUBSCRIBER GROU | | | | | | |
| | 6,286.42 | SUBSCRIBER GROU | VENTIETH S | | JP | SUBSCRIBER GROU | NTEENTH | NII | | | | |
| | 6,286.42 | SUBSCRIBER GROU | VENTIETH S | 7 | JP | SUBSCRIBER GROU | NTEENTH | NII | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 | SUBSCRIBER GROUD Counties, PA | VENTIETH S Venango | COMMUNITY/ AREA | JP nties, PA | SUBSCRIBER GROU | NTEENTH Butler & | NII COMMUNITY/ AREA | | | | |
| | 6,286.42 JP DSE | CALL SIGN | VENTIETH S Venango DSE 0.25 | CALL SIGN WNEO | DSE | SUBSCRIBER GROUNG Lawrence Country CALL SIGN | DSE | CALL SIGN | | | | |

| LEGAL NAME OF OWNE Armstrong Utilitie | | E SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|---|---------------------------------------|-----------------|---------------|----------------------|-------------|---|--------------------|------------------|
| BI | LOCK A: C | COMPUTATION O | F BASE RA | TE FEES FOR EA | CH SUBSCRI | BER GROUP | | |
| TWEN | TY-FIRST | SUBSCRIBER GRO | OUP | TWEN | ITY-SECOND | SUBSCRIBER GRO | UP | • |
| COMMUNITY/ AREA | North C | entral Mercer C | County, P | COMMUNITY/ ARE | A Souther | n Mercer County | , PA | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| WPCB | 1.00 | | | WPCB | 1.00 | | | Base Rate Fe |
| WPCB-DT2 | 1.00 | | | WPCB-DT2 | 1.00 | | | and |
| WQED | 0.25 | | | | | | | Syndicated |
| WQED-DT2 | 0.25 | | ···· | | ····· | | ···· | Exclusivity |
| WQED-DT3 | 0.25 | | ···· | | | | ····· | Surcharge |
| | • | | | | ····· | | ····· | _ |
| WQED-DT4 | 0.25 | - | | | | | | for |
| WQED-DT5 | 0.25 | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | *************************************** | | |
| | | | | | | | ···· | |
| | | | | | | | | |
| Total DSEs | - | | 3.25 | Total DSEs | | | 2.00 | |
| Gross Receipts First G | roun | \$ 9 | 5,539.83 | Gross Receipts Sec | cond Group | s 9 | 60,549.26 | |
| orosa reccipia i irai o | Юир | <u> </u> | 0,000.00 | Cross receipts occ | | | | |
| Base Rate Fee First G | | | 2,523.45 | Base Rate Fee Sec | • | | 16,953.69 | |
| TWEN | TY-THIRD | SUBSCRIBER GRO | DUP | TWEN | NTY-FOURTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | Crawfo | rd & Erie Count | ies, PA | COMMUNITY/ ARE | A Mercer C | County, PA | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| KDKA | 0.25 | | | WFXP | 1.00 | | | |
| | | | | WFXP-DT2 | 1.00 | | ····· | |
| | | | ···· | WFXP-DT3 | 1.00 | | ····· | |
| | · · · · · · · · · · · · · · · · · · · | | | | ····· | | ····· | |
| | | - | | WICU | 0.25 | | ····· | |
| | | | | WICU-DT2 | 1.00 | | | |
| | | | | WJET | 0.25 | | | |
| | | | | WJET-DT2 | 1.00 | | | |
| | | | | WJET-DT3 | 1.00 | | | |
| | | | | WQLN | 0.25 | | | |
| | | | | WQLN-DT2 | 0.25 | | | |
| | | | | WQLN-DT3 | 0.25 | | | |
| | · | | | WSEE | 0.25 | | ···· | |
| | | | | WSEE-DT2 | 1.00 | | ····· | |
| | · | | ···· | 110LL-D12 | 1.00 | | ···· | |
| | | | | | | | | |
| Total DSEs | | | 0.25 | Total DSEs | | | 8.50 | |
| Gross Receipts Third C | Group | \$ 2,09 | 7,784.85 | Gross Receipts Fou | ırth Group | \$ | 41,401.66 | |
| | | | | | | | | |
| Base Rate Fee Third G | Group | \$ | 5,580.11 | Base Rate Fee Fou | ırth Group | \$ | 1,926.01 | |
| Base Rate Fee: Add the Enter here and in block | | | scriber group | as shown in the boxe | es above. | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: Normstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | | |
|--|--|------------------|--------------|---------------------------------|------------|------------------|-------------|------------------|--|--|--|
| В | LOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCE | RIBER GROUP | | | | | |
| TWEN | TY-FIFTH | SUBSCRIBER GRO | UP | TW | ENTY-SIXTH | I SUBSCRIBER GRO | JP | 0 | | | |
| COMMUNITY/ AREA | | Creek Township | o, PA | COMMUNITY/ ARE | | jo County, PA | | 9 Computation | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | | |
| WFXP | 1.00 | | | | | | | Base Rate Fe | | | |
| WFXP-DT2 | 1.00 | | | | | | | and | | | |
| WFXP-DT3 | 1.00 | | | | | | | Syndicated | | | |
| | | | | | | | | Exclusivity | | | |
| | | | | | | | | Surcharge | | | |
| | | | | | | | | for | | | |
| | | | | | | | <u></u> | Partially | | | |
| | | | | | | | | Distant | | | |
| | | | | | | | | Stations | | | |
| | ··· | | | | ····· | | | | | | |
| | ··· | | | | ····· | | | | | | |
| | | | | | | | ····· | | | | |
| | ··· | | ··· | · | ····· | | ····· | | | | |
| | ··· | | | · | | | | | | | |
| Total DSEs | | | 3.00 | Total DSEs | | Щ | 0.00 | | | | |
| Gross Receipts First G | roup | e 5 | 3,802.77 | Gross Receipts Sec | ond Croun | • | 50,301.58 | | | | |
| Gloss Receipts Filst G | поир | \$ | 5,002.77 | Gioss Receipts Sec | ona Group | \$ | 30,301.30 | | | | |
| Base Rate Fee First G | roup | \$ | 217.08 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | | |
| TWENTY- | SEVENTH | SUBSCRIBER GRO | UP | TWE | NTY-EIGHTH | I SUBSCRIBER GRO | JP | | | | |
| COMMUNITY/ AREA | Wester | n Erie & North C | entral Cr | COMMUNITY/ AREA Knox County, OH | | | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | <mark></mark> | | | | ····· | | | | | | |
| | | | | | | | | | | | |
| | | | | | ····· | | | | | | |
| | | | | | | - | | | | | |
| | ··· | | | | | | | | | | |
| | ··· | | | | | | | | | | |
| | <u>-</u> | | | | | · | | | | | |
| | ··· | | | | ••••• | | | | | | |
| Total DSEs | | 1 | 0.00 | Total DSEs | | -11 | 0.00 | | | | |
| Gross Receipts Third (| Group | \$ 342 | 2,692.69 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | | |
| | | | | | | | | | | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | es above. | \$ | | | | | |

| Name | EGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | | |
|-------------------------|--|-------------------|----------|-----------------------|----------|----------------------------------|----------|------------------------------|--|--|--|
| | | IBER GROUP | SUBSCRI | TE FEES FOR EACH | BASE RA | COMPUTATION OF | OCK A: 0 | BL | | | |
| 9 | | SUBSCRIBER GROU | HIRTIETH | | | SUBSCRIBER GRO | Y-NINTH | | | | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | | | |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | | | |
| Base Rate F | | | | | | | | | | | |
| and | | | | | | | | | | | |
| Syndicate Exclusivit | | | | | | | | | | | |
| Surcharge | | | | | | | | | | | |
| for | | | | | | | | | | | |
| Partially | | | | | | | | | | | |
| Distant | | | | | | | | | | | |
| Stations | <u></u> | | | | | | | | | | |
| | | | | | | | | | | | |
| | | _ | | •••••• | | - | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | |
| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs | | | |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | roup | Gross Receipts First G | | | |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | roup | 3ase Rate Fee First G | | | |
| | JP | SUBSCRIBER GROU | '-SECOND | | JP | SUBSCRIBER GRO | TY-FIRST | THIR | | | |
| | 0 | COMMUNITY/ AREA 0 | | | | | | COMMUNITY/ AREA | | | |
| | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | | | |
| | <u></u> | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | - | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | - | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | <u></u> | | | | | | | | | | |
| | | | | | | | | | | | |
| | 0.00 | | | Total DSEs | 0.00 | | I I | Γotal DSEs | | | |
| | | | _ | Gross Receipts Fourth | 0.00 | oss Receipts Third Group \$ 0.00 | | | | | |
| | 0.00 | \$ | Group | Croco recorpto recurs | 0.00 | \$ | roup | Gross Receipts Third G | | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166 | | | | | | | | | |
|---|---|----------------|---------------|----------------------|-------------|------------------|------|--------------------------|--|--|
| | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | | |
| | | SUBSCRIBER GRO | | | | I SUBSCRIBER GRO | | 9 | | |
| COMMUNITY/ AREA | ٠ | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | |
| | | | | | | | | Base Rate Fe | | |
| | | | | | | | | and | | |
| | | | | | | | | Syndicated | | |
| | | | | | | | | Exclusivity Surcharge | | |
| | | - | ···· | | | | | for | | |
| | | | | | | | | Partially | | |
| | | | | | | | | Distant | | |
| | <u></u> | | | | | | | Stations | | |
| | ····· | | <u></u> | | | | | | | |
| | ····· | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| | | | | | | | | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| TH | IRTY-FIFTH | SUBSCRIBER GRO | UP | TI | HIRTY-SIXTH | I SUBSCRIBER GRO | JP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA0 | | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| | <u></u> | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ····· | | <u></u> | | | | | | | |
| | ····· | | ··· | · | | | | | | |
| | | | | | | | | | | |
| | | _ | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| | - 1 | | | | ·r | <u>-</u> | | | | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | | | |

| LEGAL NAME OF OWNER Armstrong Utilities, | | E SYSTEM: | | | | S | 7STEM ID# 34166 | Name |
|--|--------|-----------------|-------------|-------------------------|----------|-----------------|--------------------|---------------------------|
| | | | | TE FEES FOR EACH | | | | |
| | VENTH | SUBSCRIBER GROU | P 0 | Ħ | Y-EIGHTH | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | U | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | - | | and |
| | | | | | | - | | Syndicated Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | - | | Distant |
| | | | | | | - | | Stations |
| | | | | | | - | | |
| | | | | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Grou | up | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First Grou | up | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| THIRTY | -NINTH | SUBSCRIBER GROU | | | FORTIETH | SUBSCRIBER GROU | IP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | - | | |
| | | | | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | - | <u>.</u> | |
| | | | | | | | ···· | |
| | | | | | | - | | |
| | | | | | | | | |
| | | | | | ļ | | | |
| | | | | | | | <u> </u> | |
| | | | | | | - | | |
| Total DSEs | | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts Third Gro | oup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third Gro | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the l Enter here and in block 3. | | | riber group | as shown in the boxes a | above. | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | |
|--|---|----------------|--|----------------------|-----------|--|-------------|---------------------------|--|--|
| E | BLOCK A: (| COMPUTATION O | BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | | |
| | RTY-FIRST | SUBSCRIBER GRO | | H . | | SUBSCRIBER GROU | UP | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | |
| | | | | | | | | Base Rate Fee | | |
| | | | | | | | | and | | |
| | <u></u> | | | | | | | Syndicated Exclusivity | | |
| | | | - | 1 | ••••• | | | Surcharge | | |
| | | | | | | | | for | | |
| | | | | | | | | Partially | | |
| | | | | | | . | | Distant | | |
| | <u></u> | | | | ····· | | | Stations | | |
| | ··· | | | · | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| FOF | RTY-THIRD | SUBSCRIBER GRO | UP | FOR | TY-FOURTH | SUBSCRIBER GROU | JP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| | | | | | | | | | | |
| | | | <u>-</u> | - | | - | | | | |
| | ··· | | ······································ | | •••• | | | | | |
| | | | | | | | | | | |
| | | ļ | | | | | | | | |
| | | | | | | | | | | |
| | <u></u> | | | | ····· | | | | | |
| | <u></u> | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | <u></u> | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| | | | | | • | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee: Add t Enter here and in bloc | | | criber group | as shown in the boxe | s above. | \$ | | | | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | |
|--|--|----------------|---|---------------------------------------|------------|-----------------|-------|------------------|--|--|
| В | SLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | | |
| | RTY-FIFTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 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 0 | -roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| Cross receipts rilist c | эгоар | <u> </u> | 0.00 | Oross receipts occ | ona Group | * | 0.00 | | | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| FORTY- | SEVENTH | SUBSCRIBER GRO | UP | FO | RTY-EIGHTH | SUBSCRIBER GROU | UP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ··· | | ••••••••••••••••••••••••••••••••••••••• | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | <u></u> | | | | | | | | | |
| | ··· | - | | · | | | | | | |
| | ··· | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| | 12 | ·- | | | | <u></u> | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee: Add t Enter here and in bloc | | | criber group | as shown in the boxe | es above. | \$ | | | | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | |
|---|--|----------------|---------------|----------------------|-----------|-----------------|-------------|---------------------------|--|--|
| | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 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 | | |
| | | | | | | | | Otations | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ····· | | ···· | | ····· | | | | | |
| Total DSEs | | <u> </u> | 0.00 | Total DSEs | | + | 0.00 | | | |
| | Croup | <u> </u> | | | and Craun | • | 0.00 | | | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ona Group | \$ | 0.00 | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | | | |
| F | IFTY-FIRST | SUBSCRIBER GRO |)UP | ii | | SUBSCRIBER GROU | JP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| | | | | | | | | | | |
| | | | ··· | | | | | | | |
| | | | | | | | | | | |
| | | ļ | | | | | | | | |
| | | | | | | | | | | |
| | ····· | - | ···· | | ····· | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ····· | - | <mark></mark> | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| | | | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | | | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | s above. | \$ | | | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | |
|--|---|----------------|--------------|----------------------|-----------|-----------------|-------|---------------------------|--|--|
| E | LOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | | |
| | TY-THIRD | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 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 | | |
| | | | | | | | | Otations | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | <u></u> | | | | | | | | | |
| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | • | | 0.00 | | | |
| | | | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| • | · | | | | · | | | | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| | FTY-FIFTH | SUBSCRIBER GRO | | ii . | | SUBSCRIBER GROU | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| | <u></u> | | | | ····· | | | | | |
| | | | ··· | | | - | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ··· | | ··· | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | <u></u> | | | | ····· | | | | | |
| | ··· | | ··· | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| | | | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| | | | | | | | | | | |
| Base Rate Fee: Add t Enter here and in bloo | | | criber group | as shown in the boxe | es above. | \$ | | | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | |
|------------------------|---|----------------|--|----------------------|-----------|-------------------|------|---------------------------|--|--|
| E | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | | |
| | | SUBSCRIBER GRO | | Ħ | | SUBSCRIBER GROU | JP | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | |
| | | | | | | | | Base Rate Fe | | |
| | | | | | | | | and | | |
| | | | | | | | | Syndicated Exclusivity | | |
| | | | - | | | | ···· | Surcharge | | |
| | | | | | | | | for | | |
| | | | <u> </u> | | | | | Partially | | |
| | | | | | | | | Distant | | |
| | | | | · | | | ···· | Stations | | |
| | ··· | | ······································ | | | - | ···· | | | |
| | | | | | | | | | | |
| | | | <u></u> | | | | | | | |
| | | | <u></u> | | | | | | | |
| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | | | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| FIF | TY-NINTH | SUBSCRIBER GRO | UP | | SIXTIETH | I SUBSCRIBER GROU | JP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE. | Α | | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| | | | | | | | ···· | | | |
| | ···· | | <u>-</u> | · | | | ···· | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ··· | | <u> </u> | | | | | | | |
| | <u></u> | | | | | | | | | |
| | | | | | | | | | | |
| | | | <u></u> | | | | | | | |
| | <u></u> | | <u></u> | | | | | | | |
| | ··· | | <u> </u> | | | | | | | |
| | <u></u> | | . | | •••• | | | | | |
| Total DSEs | ' | | 0.00 | Total DSEs | • | | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee: Add t | | | criber group | as shown in the boxe | s above. | \$ | | | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | |
|--|---|---------------------------------|---------------|----------------------|-----------|------------------------------|----------------|--------------------------|--|--|
| | | COMPUTATION O SUBSCRIBER GRO | | TE FEES FOR EAC | | RIBER GROUP SUBSCRIBER GROU | JP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 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 | ross Receipts First Group \$ 0.0 | | | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| SIZ COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 0 | SIX COMMUNITY/ ARE | | I SUBSCRIBER GROU | JP 0 | | | |
| COMMUNITY AREA | | | | COMMONT IT ARE | | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | 0.00 | | | | 2.22 | | | |
| Total DSEs | Group | • | 0.00 | Total DSEs | rth Group | • | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | iui Gioup | \$ | 0.00 | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee: Add Enter here and in bloo | | | scriber group | as shown in the boxe | s above. | \$ | | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | |
|--|-------------|----------------|---------------|-------------------------|-------------|-----------------|----------|----------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | RIBER GROUP | | |
| SIX | XTY-FIFTH | SUBSCRIBER GRO | | ; | SIXTY-SIXTH | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | _ |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| CALL SIGN | DSL | CALL SIGN | DOL | CALL SIGN | DOL | CALL SIGN | DOL | Base Rate Fee |
| | | | | | | - | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | - | | for |
| | | | | | | | | Partially Distant |
| | ··· | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | <u> </u> | | |
| | | | | | | <u> </u> | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SIXTY- | -SEVENTH | SUBSCRIBER GRO | DUP | SI | XTY-EIGHTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | <u> </u> | | |
| | <u></u> | | <u></u> | | | - | | |
| | | | <u></u> | | | | | |
| | ··· | | | | | - | | |
| | ··· | | ··· | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | | | |
| | | | | | | - | <u> </u> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| ccc . toooipto milu | up | · | | S. 222 P. Coolpto P. Ou | Стоир | <u>-</u> | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | scriber group | as shown in the boxe | es above. | \$ | | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | |
|--|--|----------------|---------------|-------------------------------------|------------|-----------------|-------|--------------------------|--|--|
| | | | | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | | |
| | | SUBSCRIBER GRO | | H . | | SUBSCRIBER GROU | | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | |
| | | | | | | | | Base Rate Fe | | |
| | | ļ | | | | | | and | | |
| | | | | | | | | Syndicated | | |
| | | <u> </u> | | | | | | Exclusivity Surcharge | | |
| | | | | | | | ····· | for | | |
| | | | | | | | | Partially | | |
| | | | | | | | | Distant | | |
| | | | | | | | | Stations | | |
| | | | | - | ····· | | | | | |
| | | - | | · | ····· | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | | | |
| Gross Receipts First (| oss Receipts First Group \$ 0.0 | | | Gross Receipts Second Group \$ 0.00 | | | | | | |
| | | | | | | | | | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| SEVE | NTY-FIRST | SUBSCRIBER GRO | UP | SEVEN | TY-SECONE | SUBSCRIBER GRO | UP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE. | Α | | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ···· | | ··· | | ···· | | ···· | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | · | ····· | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| p | - r- | | | | : r | <u>-</u> | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee: Add the Enter here and in block | | | scriber group | as shown in the boxe | s above. | \$ | | | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | |
|---|---|----------------|---------------|----------------------|------------|----------------|-------------|-------------------|--|--|
| | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | UP | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 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 | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| SEVE | NTY-FIFTH | SUBSCRIBER GRO | UP | SEV | ENTY-SIXTH | SUBSCRIBER GRO | UP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| | | | | | | | | | | |
| | ····· | | | - | ····· | | | | | |
| | | | <u></u> | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ···· | | <u></u> | | | | | | | |
| | | | | | | | | | | |
| | ••••• | | | | | • | ···· | | | |
| | | | | | | | | | | |
| | | _ | | | | | | | | |
| | | | | | | | | | | |
| | | | <u></u> | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| | | | | | - | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | | | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166 | | | | | | | | |
|------------------|--|------------------------------|----------|-----------------------|------|----------------------------------|----------|-------------------------------|--|
| 9 | | BER GROUP SUBSCRIBER GROU | | | JP | COMPUTATION OF SUBSCRIBER GRO | | SEVENTY-S | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
| Base Rate Fe | | | | | | | | | |
| Syndicated | | | | | | | | | |
| Exclusivity | | | | | | | | | |
| Surcharge | | | | | | | | | |
| for Partially | | <u> </u> | | | | - | | | |
| Distant | | | | | | | | | |
| Stations | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs | |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | | | | |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First Gr | |
| | JP | SUBSCRIBER GROU | IGHTIETH | | JP | SUBSCRIBER GRO | ΓY-NINTH | SEVENT | |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
| | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
| | <u> </u> | | | | | <u> </u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | <u> </u> | | | |
| | <u></u> | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | 0.00 | | | Total DSEs | 0.00 | _ | | Total DSEs | |
| | 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | Group | Gross Receipts Third G | |
| | 0.00 | _ | | | | | | | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166 | | | | | | | | | |
|--|--|----------------|--------------|----------------------|------------|-----------------|------|---------------------|--|--|
| E | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | | |
| EIG | HTY-FIRST | SUBSCRIBER GRO | UP | H | | SUBSCRIBER GRO | UP | 0 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | |
| | | | | | ····· | | | Base Rate Fe | | |
| | ··· | | ··· | | | | | Syndicated | | |
| | ··· | | | | | | | Exclusivity | | |
| | | | | | | | | Surcharge | | |
| | | | | | | | | for | | |
| | | | | | | | | Partially | | |
| | | | | - | | | | Distant Stations | | |
| | | | | | | | | Guarono | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | <u></u> | | <u></u> | - | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | <u>!!</u> | 0.00 | | | |
| | - roup | • | | | ond Croup | ¢ | 0.00 | | | |
| ross Receipts First Group \$ 0.0 | | | 0.00 | Gross Receipts Sec | ona Group | \$ | 0.00 | | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| EIGH | HTY-THIRD | SUBSCRIBER GRO | UP | EIGH | ITY-FOURTH | SUBSCRIBER GROU | JP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| | ··· | | | | ····· | | | | | |
| | ··· | | ··· | | ••••• | | •••• | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ··· | | ··· | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | <u></u> | | | | | | | | | |
| | ··· | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| | | | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee: Add t Enter here and in bloo | | | criber group | as shown in the boxe | es above. | \$ | | | | |

| LEGAL NAME OF OWN Armstrong Utilitie | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|---|-------------|----------------|---------------|----------------------|-------------------|-------------------|--------------------|--------------------------|
| E | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | HTY-FIFTH | SUBSCRIBER GRO | | Ħ | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fe |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity Surcharge |
| | ··· | | ···· | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | <u></u> | | | | | | | Stations |
| | ··· | | <u></u> | | ····· | | | |
| | ··· | | | | ····· | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | and Group | \$ | 0.00 | |
| | | | | | | | | |
| | | SUBSCRIBER GRO | | ii . | | I SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | <u></u> | | | | | | | |
| | | | | | | | | |
| | | | | 1 | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u></u> | | | | | | | |
| | | | ···· | | | | | |
| | ··· | | ···· | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | - 25 | : | | | - · P | · | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t | | | scriber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWN Armstrong Utiliti | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|------------|----------------|--------------|----------------------|-----------|-----------------|--------------------|---------------------------|
| E | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fe |
| | | | | | | | | and |
| | | | ··· | | | | | Syndicated Exclusivity |
| | | | ··· | | ••••• | | | Surcharge |
| | | | | | | | | for |
| | | | | | <u>.</u> | | | Partially |
| | | | <u></u> | | ····· | | | Distant Stations |
| | ···· | | ··· | | •••• | | | Otations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ···· | | ··· | | ····· | | | |
| Total DSEs | ! | | 0.00 | Total DSEs | | ** | 0.00 | |
| | Croup | • | | | and Craun | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ona Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| NIN | ETY-FIRST | SUBSCRIBER GRO | UP | ii . | | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE/ | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | ···· | | ··· | | ····· | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ···· | | ··· | | ····· | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ···· | | ··· | | ····· | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWN Armstrong Utiliti | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|---|-------------|----------------|---------------|----------------------|-------------|------------------|--------------------|--------------------------|
| | | | | TE FEES FOR EAC | | | | |
| | | SUBSCRIBER GRO | | H | | I SUBSCRIBER GRO | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fe |
| | | - | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | · | | | | Exclusivity Surcharge |
| •••••• | ···· | - | <u></u> | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | <u></u> | | | | | Stations |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NIN | IETY-FIFTH | SUBSCRIBER GRO |)UP | N | INETY-SIXTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | - | | | | | | |
| | <u>.</u> | | <u></u> | | ····· | | | |
| | ····· | - | | | | | | |
| | ···· | | <u></u> | | | | | |
| | | | | | | | | |
| | <u></u> | ļ | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ···· | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u>.</u> | | | | | | | |
| Total DSEs | | | 0.00 | Total DSFa | | | 0.00 | |
| Total DSEs | _ | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | irth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWN Armstrong Utiliti | | E SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|---|---------|-----------------------------------|-------------|-----------------------|----------|----------------------------------|--------------------|----------------------|
| | | COMPUTATION OF SUBSCRIBER GROU | | ATE FEES FOR EACH | | RIBER GROUP I SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | ···· | | | | | | | Surcharge for |
| | | | | | | | | Partially |
| | | | | | | | | Distant Stations |
| | | | | | | | | Otations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROL | | ii — | JNDREDTH | SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u></u> | | | | | | | |
| | | | | | | | | |
| | <u></u> | | | | | | | |
| | ···· | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourti | n Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE Armstrong Utilitie | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|-----------|----------------|--------------|----------------------|-------------|-----------------|--------------------|---------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | ED FIRST | SUBSCRIBER GRO | UP | ONE HUNDR | ED SECOND | SUBSCRIBER GROU | UP | ٥ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | <u> </u> | | | | | and Syndicated |
| | | | <u> </u> | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | <u></u> | | | | | Partially |
| | | | <u></u> | | ····· | | | Distant Stations |
| | ··· | - | <u></u> | | ····· | | | Stations |
| | | | <u>-</u> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDR | ED THIRD | SUBSCRIBER GRO | UP | ii | | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | <u> </u> | | | | | |
| | | | <u></u> | · | | | <u> </u> | |
| | | | <u>-</u> | | ••••• | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | <u>.</u> | | | |
| | | | <u> </u> | | | | | |
| | | | | | •••• | | ···· | |
| | | | | | | | | |
| | | _ | | | | | | |
| | | | | | | | | |
| | | | <u> </u> | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| 1 111 1000 111110 | - · | <u>·</u> | | | | <u></u> | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWN Armstrong Utiliti | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|---|----------|----------------|---------------|----------------------|------------|-----------------|--------------------|---------------------|
| | BLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EAC | CH SUBSCE | RIBER GROUP | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | UP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | A | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | <u> </u> | | | Base Rate F |
| | ···· | | | | ····· | | | and Syndicated |
| | | - | | | | • | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | ···· | H | | | | | | Distant Stations |
| | ···· | | | | | • | ····· | Otations |
| | | | | | | | | ı |
| | | | | | | | | ı |
| | | | | | | | | ı |
| | ···· | <u> </u> | | | ····· | | | İ |
| Fotal DSEs | | <u> </u> | 0.00 | Total DSEs | | 11 | 0.00 | ı |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | İ |
| Sioss Neceipis i list | Gloup | Ψ | 0.00 | Gross Neceipts Sec | ona Group | 9 | 0.00 | ı |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | | SUBSCRIBER GRO | DUP | 11 | | SUBSCRIBER GROU | UP | İ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | İ |
| | ···· | <u> </u> | | | ····· | | | İ |
| | | | •••• | | ······ | | <u> </u> | ı |
| | | | | | | | | ı |
| | | | | | | | | ı |
| | <u>.</u> | - | | | | | | ı |
| | | | | | | • | | ı |
| | | | | | | | | ı |
| | | | | | | | | ı |
| | <u>.</u> | H | | | | | | ı |
| | ···· | H | | | | | | ı |
| | ···· | | •••• | | | | ···· | ı |
| | | | | | | | | İ |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | ı |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | \$ | 0.00 | ı |
| | | | | | | | | 1 |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | 1 |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | s | | |

| LEGAL NAME OF OWNE Armstrong Utilitie | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|-----------|----------------|--|----------------------|-----------|------------------|--------------------|---------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| ONE HUNDR | ED NINTH | SUBSCRIBER GRO | UP | H . | | I SUBSCRIBER GRO | JP | ٥ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | <u> </u> | | | | | Base Rate Fee |
| | ··· | _ | <u></u> | | | | | Syndicated |
| | | | ······································ | | •••• | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | <u> </u> | | | | | for |
| | | - | <u> </u> | | | | | Partially |
| | | | <u></u> | - | ····· | | | Distant Stations |
| | | - | | · | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED E | LEVENTH | SUBSCRIBER GRO | UP | ONE HUNDRE | D TWELVTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | <u> </u> | | | | | |
| | | | | | | | | |
| | | | <u>-</u> | | ••••• | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | | | |
| | | | <u></u> | - | ····· | | | |
| | | - | | · | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u> </u> | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | - | | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Foun | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNE | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|-----------|----------------|--|----------------------|-----------|------------------|--------------------|----------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| ONE HUNDRED THI | RTEENTH | SUBSCRIBER GRO | | H . | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | <u></u> | | <u> </u> | - | | | | Base Rate Fee |
| | ··· | | | · | •••• | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | <u></u> | | | | | | | Partially Distant |
| | · | | <u> </u> | · | | | | Stations |
| | <u> </u> | - | | | •••• | | | |
| | | | | | | | | |
| | | <u> </u> | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | <u>l</u> | 0.00 | Total DSEs | | <u> </u> | 0.00 | |
| Gross Receipts First G | roun | \$ | 0.00 | Gross Receipts Sec | and Group | \$ | 0.00 | |
| Gioss Receipts i list o | поир | Ψ | 0.00 | Gross Neceipts Sec | ona Group | 4 | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED FI | FTEENTH | SUBSCRIBER GRO | UP | 11 | | I SUBSCRIBER GRO | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE. | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | <u> </u> | | | | | | | |
| | · | | ······································ | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | · | | <u> </u> | · | | | | |
| | <u> </u> | - | ······································ | | •••• | | | |
| | | | | | | | | |
| | <u> </u> | - | | | | | | |
| | | | | | | | | |
| | | | <u> </u> | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNE | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|---------------|-----------------|--------------|-----------------------|-----------|-------------------|--------------------|-------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| ONE HUNDRED SEVE | NTEENTH | SUBSCRIBER GROU | JP | ONE HUNDRED E | IGHTEENTH | I SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | <u></u> | | | | | | | Base Rate Fee |
| | <mark></mark> | | | | | | | and Syndicated |
| | ··· | - | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | <u> </u> | - | | | | | | Stations |
| | ··· | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | iroup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED NI | NTEENTH | SUBSCRIBER GROU | JP | ONE HUNDRED | TWENTIETH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | <u></u> | | | | | | | |
| | ·· | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u></u> | | | | | | | |
| | <u></u> | | | | | | | |
| | <u></u> | - | | · | •••• | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u></u> | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| LEGAL NAME OF OWN Armstrong Utiliti | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|-------------|-----------------|---------------|----------------------|------------|------------------|--------------------|---------------------------|
| E | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDRED TWE | NTY-FIRST | SUBSCRIBER GRO | UP | ONE HUNDRED TWE | NTY-SECOND | SUBSCRIBER GROUP | 1 | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | - | | | | - | | Syndicated Exclusivity |
| | •••• | | ···· | | •••• | - | ···· | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | - | | Distant |
| | | | | | | - | | Stations |
| | | | | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED TWE | | SUBSCRIBER GROU | Р | ONE HUNDRED TWE | NTY-FOURTH | SUBSCRIBER GROUP | 1 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | - | | |
| | | | | | ····· | - | | |
| | ••••••••••• | | <u></u> | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <mark></mark> | | | | | |
| | | | | | | | | |
| | | | | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | criber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OW Armstrong Utilit | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|---|------------|-----------------|---------------|----------------------|-------------|------------------|--------------------|---------------------|
| | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | RIBER GROUP | | |
| ONE HUNDRED TW | ENTY-FIFTH | SUBSCRIBER GROU | Р | ONE HUNDRED TY | WENTY-SIXTH | SUBSCRIBER GROUP | 1 | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | <u></u> | | | | | and Syndicated |
| | | | ···· | | | - | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | <u></u> | | | | | Partially |
| | | | <u></u> | | | - | | Distant Stations |
| | ···· | | | | | - | ···· | Stations |
| | •••• | | <u></u> | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | | | |
| | | | | | | | | |
| Total DSEs | | - | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NE HUNDRED TWENT | | SUBSCRIBER GROU | Р | ONE HUNDRED TW | ENTY-EIGHTH | SUBSCRIBER GROUP | 1 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | <u></u> | | | - | | |
| | | | | | | <u> </u> | | |
| | •••• | | <u></u> | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWN Armstrong Utilitie | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|---|---------|---------------------------------|-------------|-----------------------|-----------|------------------|--------------------|----------------------|
| | | COMPUTATION OF SUBSCRIBER GROUP | | ATE FEES FOR EACH | | RIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | ···· | | | | <u></u> | | | and Syndicated |
| | | | | · | <u>-</u> | | | Exclusivity |
| | | | | | | | | Surcharge |
| | ···· | | | | <u> </u> | | | for Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | <u> </u> | | | |
| | ···· | | | | <u></u> | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROUP | | ii e | TY-SECONE | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | <u> </u> | | | |
| | | | | 1 | | | | |
| | | | | | | | | |
| | | | | | <u></u> | | | |
| | ···· | | | | <u></u> | | | |
| | | - | | | | | | |
| | | | | | <u> </u> | | | |
| | <u></u> | | | | <u></u> | | | |
| | | | | | <u>-</u> | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | • | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Cross Necelbra Hilla | Эгоир | \$ | <u> </u> | Orosa Necelpta Fourth | ι Οισαμ | Ψ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourti | າ Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | riber group | as shown in the boxes | above. | \$ | | |

| O COMMUNITY/ AREA O COMMUNITY/ AREA O COMPUTATION CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Cross Receipts Second Group Doubles Rate Fee Second Group Doubles Rate Fee Second Group Doubles Rate Fee Second Doubles Rate Fee Second Group Doubles Rate Fee | LEGAL NAME OF OWNER OF CABI Armstrong Utilities, Inc. | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|---|--|------------------|---------|---------------------|-------------|------------------|--------------------|----------|
| O COMMUNITY/ AREA O Computation CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Cross Receipts Second Group Do.00 Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations | BLOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 O.00 Base Rate Fee Second Group \$ 0.00 OND HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA 0 | ONE HUNDRED THIRTY-THIRD | SUBSCRIBER GROUP | | Ħ | | SUBSCRIBER GROUP | | ۵ |
| CALL SIGN DSE CALL SIGN DSE Gall Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 Total DSEs 0.00 0.00 \$ 0.00< | COMMUNITY/ AREA | | | | | | | |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 O.00 DISTANT STATIONARY OR O.00 BSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | CALL SIGN DSE | CALL SIGN | | Н | | | | |
| Syndicated Exclusivity Surcharge for Partially Distant Stations | | | | | | | | |
| Exclusivity Surcharge for Partially Distant Stations | | - | | | | | | |
| Surcharge for Partially Distant Stations | | - | | | | | | |
| Partially Distant Stations | | | | | | | | |
| Distant Stations | | | | | | | | |
| 0.00 | | | | | | | | |
| 0.00 | | | | | | | | |
| 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 BSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | | | | | | | Otations |
| 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 BSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | | | | | | | |
| 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 BSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | | | | | | | |
| 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 BSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | | | | | | | |
| 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 BSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | | | | | | | |
| 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 BSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | | | | | | | |
| 0.00 Base Rate Fee Second Group \$ 0.00 BSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| BSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | Gross Receipts First Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| 0 COMMUNITY/ AREA 0 | Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | ONE HUNDRED THIRTY-FIFTH | SUBSCRIBER GROUP | | ONE HUNDRED T | HIRTY-SIXTH | SUBSCRIBER GROUP | 1 | |
| CALL SIGN DSE CALL SIGN DSE | COMMUNITY/ AREA | | 0 | COMMUNITY/ AREA | 4 | | 0 | |
| | CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 0.00 Total DSEs 0.00 | Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| | | | | | 41- 0 | _ | - | |
| 0.00 Gross Receipts Fourth Group \$ 0.00 | Gross Receipts Third Group | \$ | U.UU | Gross Receipts Four | ui Group | <u>\$</u> | 0.00 | |
| 0.00 Base Rate Fee Fourth Group \$ 0.00 | Base Rate Fee Third Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |

| LEGAL NAME OF OWNE Armstrong Utilitie | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|-----------|------------------|--|----------------------|------------|--------------------|--------------------|---------------------|
| BI | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| ONE HUNDRED THIRTY | -SEVENTH | SUBSCRIBER GROUP | 0 | H . | | I SUBSCRIBER GROUP |) | ٥ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | ·- | | ······································ | | | | | Syndicated |
| | · | | ······································ | | •••• | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | ··· | | <u> </u> | | | | | Distant Stations |
| | | | | · | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED THIS | RTY-NINTH | SUBSCRIBER GROUP |) | ONE HUNDREI | D FORTIETH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | - | | | | | | |
| | · | | ······································ | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ·- | | ······································ | | | | | |
| | · | | ······································ | | •••• | | ···· | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third C | Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWN Armstrong Utilitie | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|---|-----------|-----------------|--------------|----------------------|------------|------------------|--------------------|----------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| ONE HUNDRED FO | RTY-FIRST | SUBSCRIBER GROU | Р | ONE HUNDRED FO | RTY-SECONI | SUBSCRIBER GROUP |) | ٥ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | <u></u> | | | | | Base Rate Fe |
| | | | <u></u> | | | | ···· | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially Distant |
| | ··· | | ··· | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| T / 1 DOE | | | 0.00 | T 1 1 DOE | | 1 | 0.00 | |
| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED FO | RTY-THIRD | SUBSCRIBER GROU | Р | ONE HUNDRED FO | RTY-FOURTH | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | ··· | | ···· | | ••••• | | ···· | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ··· | | | | | | | |
| | | | | 1 | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u> </u> | | <u></u> | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | criber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWN Armstrong Utiliti | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|------------|-----------------|--------------|----------------------|-------------|---------------------------------------|--------------------|----------------------|
| E | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDRED FO | ORTY-FIFTH | SUBSCRIBER GROU | P | ONE HUNDRED | FORTY-SIXTH | SUBSCRIBER GROUP |) | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | ···· | | | | | - | | and Syndicated |
| | ···· | | ···· | | | | | Exclusivity |
| | •••• | H | | | ····· | - | •••• | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | - | | Stations |
| | | | | | | | | |
| | | | <u></u> | | | - | <u> </u> | |
| | | | - | | | - | <u> </u> | |
| | | | | | | 1 | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Total DSEs | • | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED FORT | Y-SEVENTH | SUBSCRIBER GROU | Þ | ONE HUNDRED F | ORTY-EIGHTH | SUBSCRIBER GROUP | 1 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | - | | |
| | ···- | | | | | | | |
| | ···· | | ··· | | | - | | |
| | | H | | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | ···· | | <u></u> | | | - | | |
| | ···· | | | | | - | <u> </u> | |
| | | | <u> </u> | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | criber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWN Armstrong Utilitie | | E SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|-------------|-----------------|----------------|--------------------------|----------|---|--------------------|--------------------------|
| ONE HUNDRED FOR | | | | ATE FEES FOR EACH | | RIBER GROUP I SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | <u></u> | | | Base Rate Fee and |
| | | | | | | | | Syndicated |
| | | | | - | <u></u> | | | Exclusivity Surcharge |
| | | | | | | | | for |
| | <u></u> | | | | | | | Partially Distant |
| | ···· | | | | | | | Stations |
| | | | | | | | | |
| | ···· | | | | | | | |
| | | | | | | | | |
| | <u></u> | | | | <u></u> | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First (| | \$ | 0.00 | Base Rate Fee Seco | | \$ | 0.00 | |
| ONE HUNDRED FI COMMUNITY/ AREA | | SUBSCRIBER GROU | JP 0 | ONE HUNDRED FIFT | | SUBSCRIBER GROU | JP 0 | |
| | | | | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | ···· | | | | <u></u> | | | |
| | | | | | | | | |
| | | | | | <u></u> | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ···· | | | | | | | |
| | | | | | | | | |
| | ···· | | | | | | | |
| Total DSEs | l | | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| and the second second | | <u> </u> * | 3.00 | land i data i da i daire | p | Į* | | |
| Base Rate Fee: Add Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN Armstrong Utilitie | | E SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|-------|-----------------------------------|-------------|----------------------------------|---------------|----------------------------------|--------------------|--------------------------|
| | | COMPUTATION OF SUBSCRIBER GROU | | ATE FEES FOR EACH | | RIBER GROUP I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | <u> </u> | | | Base Rate Fee and |
| | | | | | | | | Syndicated |
| | | | | - | | | | Exclusivity Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | _ | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| ONE HUNDRED FI | | SUBSCRIBER GROL | JP 0 | ONE HUNDRED FI | | I SUBSCRIBER GROU | JP 0 | |
| COMMONT IT AREA | | | | COMMONT IT AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Total DSEs Gross Receipts Third | Group | \$ | 0.00 | Total DSEs Gross Receipts Fourt | h Group | \$ | 0.00 | |
| | - ar | · | | | - | · | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| es, Inc. 34166 | Name |
|--|----------------------|
| LOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | |
| 7-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP | ٥ |
| 0 COMMUNITY/ AREA 0 | 9 Computati |
| DSE CALL SIGN DSE CALL SIGN DSE | of |
| | Base Rate and |
| | Syndicate |
| | Exclusivi |
| | Surcharg |
| | for |
| | Partially Distant |
| | Stations |
| | |
| | |
| | |
| <u> </u> | |
| | |
| 0.00 Total DSEs 0.00 | |
| Group \$ 0.00 Gross Receipts Second Group \$ 0.00 | |
| Gross Accepts decord Group | |
| Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 | |
| FTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP | |
| O COMMUNITY/ AREA O | |
| DSE CALL SIGN DSE CALL SIGN DSE | |
| | |
| | |
| | |
| | |
| <u> </u> | |
| | |
| | |
| | |
| | |
| <u> </u> | |
| | |
| | |
| 0.00 Total DSEs 0.00 | |
| Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 | |
| | |
| | |

| LEGAL NAME OF OWNE | | LE SYSTEM: | • | | | S | 34166 | Name |
|------------------------------|---------------|-----------------------------------|--------------|-----------------------|---------------|-------------------------------|-----------|---------------------------|
| В | | COMPUTATION OF SUBSCRIBER GROU | | TE FEES FOR EACH | | RIBER GROUP SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | | COMMUNITY/ AREA | | | | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | <u> </u> | | | <mark></mark> | | | and Syndianted |
| | <u></u> | - | | | <mark></mark> | | | Syndicated Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially Distant |
| | <u></u> | - | | | <mark></mark> | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | <u></u> | | | |
| | <mark></mark> | | | | <mark></mark> | | | |
| | ··· | | | | | | | |
| Total DSEs | - ! | | 0.00 | Total DSEs | ! | - | 0.00 | |
| Gross Receipts First G | iroup | <u>\$ 186</u> | ,012.76 | Gross Receipts Secor | nd Group | <u>\$</u> 1 | 37,172.38 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GRO | JP | | FOURTH | I SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | Somers | set, PA | | COMMUNITY/ AREA | North C | larion, PA | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | <u></u> | | | |
| | | | | | <u></u> | | | |
| | ·· | | | | <u></u> | | | |
| | | | | | | | | |
| | <u> </u> | | | | <u></u> | | | |
| | <u> </u> | | | | <u></u> | | | |
| | ·· | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <mark></mark> | | | | <u></u> | | | |
| | | | | | | | | |
| Total DSEs | 1 | | 0.00 | Total DSEs | 1 | | 0.00 | |
| Gross Receipts Third (| Group | \$ 364 | ,449.49 | Gross Receipts Fourth | h Group | <u>\$</u> | 15,243.93 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| | | | criber group | as shown in the boxes | above. | | | |
| Enter here and in blocl | | | - ' | | | \$ | 0.00 | |

Nonpermitted 3.75 Stations

| | 34166 | 31 | | | | | s, Inc. | Armstrong Utilities |
|------------------|----------|------------------|---------|----------------------|--------|-----------------|----------|-------------------------|
| | | | | TE FEES FOR EACH | | | | BL |
| 9 | P | SUBSCRIBER GROUP | | | JP | SUBSCRIBER GROU | | |
| Computation | | r, OH | Andove | COMMUNITY/ AREA | | an, OH | Kınsma | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate Fe | | | | | | | | |
| and | | | | | | | | |
| Syndicated | | | | | | ļ | | |
| Exclusivity | | | | | | | | |
| Surcharge for | | | | | | | | |
| Partially | | | | | | | | |
| Distant | | | | | | | | |
| Stations | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | <u> </u> | | | | | | |
| | - | | ļ | | ļ | | | |
| | 0.00 | ! ! | | Total DSEs | 0.00 | | | Total DSEs |
| | 8,203.43 | \$ 68 | d Group | Gross Receipts Secon | 320.71 | \$ 52, | oup | Gross Receipts First Gr |
| | <u> </u> | · · | · | | | | • | • |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | Base Rate Fee First Gr |
| | P | SUBSCRIBER GROUP | EIGHTH | | JP | SUBSCRIBER GROU | EVENTH | S |
| | | | | | | | LVLINIII | |
| | | WV | Hamlin, | COMMUNITY/ AREA | | | | COMMUNITY/ AREA |
| | DSE | CALL SIGN | Hamlin, | COMMUNITY/ AREA | DSE | | | COMMUNITY/ AREA |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | CALL SIGN |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | DSE | | | | DSE | ille, WV | Harrisv | |
| | | CALL SIGN | DSE | CALL SIGN | | CALL SIGN | DSE | CALL SIGN |

Nonpermitted 3.75 Stations

| | | | | TE FEES FOR EACH | | | | BL |
|------------------|----------------|---------------------------------------|---------------------------|--------------------------------------|--------|---------------------------------|---------------------------|---|
| 9 | D | SUBSCRIBER GROUP | | | JP | SUBSCRIBER GROU | | |
| Computati | | OH | Medina, | COMMUNITY/ AREA | | Isville, PA | Connel | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate | | | | | | | | |
| and | | _ | | | | | | |
| Syndicate | | | | | | | | |
| Exclusivi | | | | | | | | |
| Surcharg | | | | | | | | |
| for Partially | | | | | | | | |
| Distant | | | | | | | | |
| Stations | | _ | | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | _ | | | | | | <u> </u> | |
| | <mark>.</mark> | | ļ | | | | . | |
| | | | <u> </u> | | | | ļ ļ | |
| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs |
| | | | | | | | | |
| | 6,716.47 | \$ 2,040 | d Group | Gross Receipts Secon | 265.91 | \$ 3,405, | roup | Gross Receipts First G |
| | 0.00 | \$ 2,046 | | Gross Receipts Secon | 0.00 | \$ 3,405, \$ | | |
| | 0.00 | \$ | d Group | | 0.00 | \$ | -oup | Base Rate Fee First G |
| | 0.00 | \$ SUBSCRIBER GROUP | d Group | | 0.00 | \$ SUBSCRIBER GROU | oup EVENTH | 3ase Rate Fee First Gi El |
| | 0.00 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon | 0.00 | \$ SUBSCRIBER GROU | oup EVENTH | 3ase Rate Fee First Gi El |
| | 0.00 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon | 0.00 | \$ SUBSCRIBER GROU | oup EVENTH | 3ase Rate Fee First Gi El |
| | 0.00 | \$ SUBSCRIBER GROUF elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUF elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | \$ SUBSCRIBER GROUP elie, PA | d Group TWELVTH | Base Rate Fee Secon | 0.00 | SUBSCRIBER GROU | oup EVENTH Orrville | Base Rate Fee First Gr EL COMMUNITY/ AREA |
| | 0.00 | SUBSCRIBER GROUP elie, PA CALL SIGN | d Group TWELVTH Butler/Ze | Base Rate Fee Second COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROUN, OH CALL SIGN | EVENTH Orrville DSE | EI COMMUNITY/ AREA CALL SIGN |

| SUBSCRIBER GROUP | RTEENTH | | | | OCK A: (| |
|--------------------|--|--|--|---|---|--|
| ОН | | | JP | | | |
| | Ashland | | | SUBSCRIBER GROU | RTEENTH | THIE |
| | | COMMUNITY/ AREA | | | | COMMUNITY/ AREA |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | <u> </u> | |
| | | | | | | |
| | | | | | | |
| | | | | | . | |
| | | | | | | |
| | | | | | . | |
| | | | | | | |
| | | | | | | |
| | | Total DSEs | 0.00 | | | Total DSEs |
| \$ 1,760,2 | d Group | Gross Receipts Secon | 048.89 | \$ 2,030, | roup | Gross Receipts First G |
| | | | | | | |
| \$ | d Group | Base Rate Fee Second | 0.00 | \$ | roup | Base Rate Fee First G |
| SUBSCRIBER GROUP | IXTEENTH | S | JP | SUBSCRIBER GROU | TEENTH | FII |
| & Crawford Countie | Warren | COMMUNITY/ AREA | ties, PA | o & Forest Count | Venang | COMMUNITY/ AREA |
| CALL SIGN | DSF | CALL SIGN | DSF | CALL SIGN | DSF | CALL SIGN |
| O/ ILL CICIT | DOL | 07 IEE 01014 | DOL | 07122 01011 | DOL | 07 NEE 01011 |
| | | | | | · | |
| | | | | | | |
| | | | | - | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | <u> </u> | |
| | | | | | | |
| | | | ļ | | <u> </u> | |
| | | | | | | |
| | | Total DSEs | 0.00 | | | Total DSEs |
| \$ 391, | Group | Gross Receipts Fourth | 971.07 | s 193, | Group | Gross Receipts Third G |
| | | | | | | |
| | | | 1 | 1 | | |
| S, | \$ 1,760,22 \$ SUBSCRIBER GROUP & Crawford Counties, | \$ 1,760,22 d Group \$ IXTEENTH SUBSCRIBER GROUP Warren & Crawford Counties, DSE CALL SIGN CALL SIGN | Gross Receipts Second Group Base Rate Fee Second Group SIXTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA Warren & Crawford Counties, CALL SIGN DSE CALL SIGN Total DSEs | 0.00 Base Rate Fee Second Group \$ 1,760,22 Base Rate Fee Second Group \$ 1,760,22 SIXTEENTH SUBSCRIBER GROUP SIXTEENTH & COMMUNITY/ AREA Warren & Crawford Counties, DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN O.00 Total DSEs | \$ 2,030,048.89 Subscriber Group Sixteenth Subscriber Group Sixteent | roup \$ 2,030,048.89 Gross Receipts Second Group \$ 1,760,22 FITEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Venango & Forest Counties, PA COMMUNITY/ AREA Warren & Crawford Counties, DSE CALL SIGN DSE CALL |

| LEGAL NAME OF OWNE Armstrong Utilitie | | LE SYSTEM: | • | | | SY | STEM ID# 34166 | Name |
|--|----------------|------------------------|---|---|--------|---------------|-------------------|------------------|
| BI | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| SEVENTEENTH SUBSCRIBER GROUP | | | | EIGHTEENTH SUBSCRIBER GROUP | | | | 0 |
| COMMUNITY/ AREA Eastern Mahoning County, | | | | COMMUNITY/ AREA W. Mahoning & Trumbull County | | | | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | _ | | | | | | Syndicated |
| | | | | | | | <u> </u> | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | <u>.</u> | for |
| | | | | | | | <u>.</u> | Partially |
| | | | | | | | <u>.</u> | Distant |
| | | | | | | | <mark></mark> | Stations |
| | | | | | | | <mark></mark> | |
| | | - | | | ļ | | <mark>-</mark> | |
| | | | | | | | | |
| | | | | | ļ | | | |
| | | | | | | | - | |
| Total DSEs | | | 0.00 | Total DSEs | ļ | Ш | 0.00 | |
| Gross Receipts First Group \$ 3,394,248.80 | | | Gross Receipts Second Group \$ 2,363,315.15 | | | _ | | |
| • | • | , , | | · | | | | |
| Base Rate Fee First Group \$ 0.00 | | | Base Rate Fee Second | | | | | |
| NII | NTEENTH | SUBSCRIBER GROU | JP | TV | | | | |
| COMMUNITY/ AREA Butler & Lawrence Counties, PA | | | | COMMUNITY/ AREA Venango Counties, PA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| CALLE CICIT | DOL | OF ILL CICIT | DOL | OF ILLE GIGIT | DOL | OF ILLE STOTE | DOL | |
| | | | | | | | <u>'</u> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | ļ | | <mark>.</mark> | |
| | | | | | | | <u>.</u> | |
| | | | | | | | | |
| | | | | | | | <mark></mark> | |
| | <mark>.</mark> | | | | | | <mark>.</mark> | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | I | | 0.00 | |
| Gross Receipts Third Group \$ 518,314.78 | | | | | | | | |
| Gioss Receipts Third C | oroup | a 518, | 314./0 | Gross Receipts Fourth | Group | <u>\$</u> | 4,658.26 | |
| Base Rate Fee Third Group | | \$ 0.00 | | Base Rate Fee Fourth Group | | \$ 0.00 | | |
| | | te fees for each subsc | riber group | as shown in the boxes a | ibove. | \$ | | |

| LEGAL NAME OF OWNE Armstrong Utilitie | | LE SYSTEM: | | | | S | YSTEM ID# 34166 | Name |
|--|------------------|---|---------------------|----------------------------|-----------|--|--------------------|------------------|
| BI | OCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | | | | |
| | | SUBSCRIBER GROU | | | | SUBSCRIBER GROU | | 0 |
| COMMUNITY/ AREA North Central Mercel | | | unty, P | | | rn Mercer County, PA | | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | ···· | |
| | | | | | | - | | |
| | | | | | | | ···· | |
| | • | | | | | | <u></u> | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 95,539.83 | | Gross Receipts Second Group \$ 960,549.26 | | | 60,549.26 | | | |
| | | | | | | | | |
| Base Rate Fee First Group \$ 0.00 | | | Base Rate Fee Secon | | | | | |
| TWEN | TY-THIRD | SUBSCRIBER GROU | JP | TWENT | | | | |
| COMMUNITY/ AREA Crawford & Erie Counties, PA | | | | COMMUNITY/ AREA | | | | |
| CALL SICN | DSE | CALL SIGN | Dec | CALL SICN | Dec | I CALL SIGN | Dec | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | - | ···· | |
| | | | | | | - | | |
| | · | | | | | - | | |
| | · | | | | | - | | |
| | ·- | | | | | - | | |
| | | | | | | | ···· | |
| | | | | | | | | |
| | | | | | | | <u></u> | |
| | | | | | | | | |
| | | | | | | | | |
| | . <mark>.</mark> | | | | | | | |
| | | | ļ | | | | <u></u> | |
| | | | ļ | | | | <u></u> | |
| | . <mark>.</mark> | | | | | | <u></u> | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Group \$ 2,097,784.85 | | Gross Receipts Fourth Group \$ 41,401.66 | | | | | | |
| Base Rate Fee Third Group | | \$ 0.00 | | Base Rate Fee Fourth Group | | \$ 0.00 | | |
| e Fee: Add th | ne base rat | | | as shown in the boxes a | · . | \$ | 0.00 | |

| TWENTY-F | | | | | | 34166 | Name |
|-----------------------------------|---|----------|-------------------------------------|-----------|----------------|------------------|---------------|
| | K A: COMPUTATION (| | r r | | | | |
| COMMUNITY/ADEA Exc | TWENTY-FIFTH SUBSCRIBER GROUP | | | | SUBSCRIBER GRO | UP | 0 |
| | ench Creek Townsh | ip, PA | COMMUNITY/ AREA | | | 9 Computation | |
| CALL SIGN DS | | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | Base Rate Fee |
| | | | | | | | and |
| | | | | | | | Syndicated |
| | | | | | | | Exclusivity |
| | | | | | | | Surcharge |
| | | | | | | | for |
| | | | | | | | Partially |
| | | | | | | | Distant |
| | | | | | | | Stations |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | \$ | 8,802.77 | Gross Receipts Seco | ond Group | \$ | 50,301.58 | |
| Base Rate Fee First Group \$ 0.00 | | | Base Rate Fee Second Group \$ 0.00 | | | | |
| TWENTY-SEVE | ENTH SUBSCRIBER GR | OUP | TWEN | | | | |
| COMMUNITY/ AREA We | COMMUNITY/ AREA Knox County, OH | | | | | | |
| CALL SIGN DS | SE CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| CALL SIGN DO | SL CALL SIGN | DOL | CALL SIGN | DOL | CALL SIGN | DOL | |
| | | | | | | ••••• | |
| ····· | | | | ····· | | | |
| | | | | ····· | | ····· | |
| | | ••••• | | ····· | | ····· | |
| | | | | ····· | | | |
| | | ••••• | | ····· | | ····· | |
| | | | | | • | ···· | |
| | | | | | • | ···· | |
| | | | | | • | ···· | |
| | | | | | | | |
| | | | | | | | |
| | | ···· | | | | | |
| | | ···· | | | | | |
| | | | | | · | | |
| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| | Gross Receipts Third Group \$ 342,692.6 | | Gross Receipts Fourth Group \$ 0.00 | | | 0.00 | |
| | - | | 11 | | | | |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures 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 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 SYNDICATED EXCLUSIVITY 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 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 SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group 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 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 SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE 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 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 SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH 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 this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH 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 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 each subscriber group as shown

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. EIGHTEENTH SUBSCRIBER GROUP SEVENTEENTH 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 this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group NINEENTH SUBSCRIBER GROUP TWENTYTH 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 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 each subscriber group as shown

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-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 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group TWENTY-THIRD SUBSCRIBER GROUP TWENTY-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 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-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 this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-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 total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown