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@loc.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	2019/1									
Period										
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submina single statement of account and royalty fee payment covering the entire accounting perion Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	CMN-RUS, INC.									
				06263420191						
				062634 2019/1						
	8837 BOND STREET									
	OVERLAND PARK, KS 66214									
	INSTRUCTIONS: In line 1, give any business or trade names used to it	dentify the husine	ss and operation of the syst	em unless these						
С	names already appear in space B. In line 2, give the mailing address of									
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and rel	ist on page 1b						
	with all communities.	only the net com	name of roa bolow and roa	iot on pago 15						
Area Served	CITY OR TOWN	STATE								
First	GREENCASTLE	IN								
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda	MD	A	1						
	Alliance	MD	В	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 suffciency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062634 CMN-RUS. INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form 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# **GREENCASTLE** IN AA First IN **SEYMOUR** AB Community **VINCENNES** IN AC **NORTH VERNON** IN AB 2 **MADISON** IN AD 4 IN 5 **WABASH** ΑE See instructions for NORTH MANCHESTER IN AF 6 additional information on alphabetization. HUNTINGTON IN AG **CONNERSVILLE** IN 8 AΗ **NEW CASTLE** IN 9 ΑI 10 **LENBANON** IN ΑJ Add rows as necessary. **FRANKLIN** IN AK 11 IN LAFAYETTE AL 12 IN **CRAWFORDSVILLE AM** 13 WESTFIELD IN AN 14 **GREENWOOD** IN 11 AK **PLAINFIELD** IL 15 AO AP **BLOOMINGTON** IL 16 **FISHERS** IN 14 AN 17 **OSWEGO** IL AQ **ROMEOVILLE** IL AO 15 **BATAVIA** IL 18 AR 18 **NORTH AURORA** IL **AR SOUTH ELGIN** 18 IL **AR** ST CHARLES IL AR 18 ΪL 18 SUGAR GROVE AR ΪL **GENEVA** AR 18 **DEKALB** IL AS 19 **SYCAMORE** 19 IL AS **LEXINGTON** ΚY AT 20 **SOUTH INDIANAPOLIS** 14 IN AN **PLANO** IL 17 AQ YORKVILLE IL AQ 17

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential: • Service to first set	34,452	\$ 10.00	Lifeline Service	43	\$	10.00
 Service to additional set(s) 			Preferred Digital	10,820	\$	18.95
 FM radio (if separate rate) 			HD Elite	982	\$	6.95
Motel, hotel			HD Standard Service	17,557	\$	9.95
Commercial	690	\$ 10.00	HD Preferred Service	10,816	\$	9.95
Converter						
 Residential 	31,990	\$ 4.95				
 Non-residential 	1,188	\$ 4.95				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable		Motel, hotel		
Pay cable—add'l channel		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		
Converter		Disconnect		
		Outlet relocation		
		 Move to new address 		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634 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 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 AA 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) WCLJ 42 No Bloomington, Indiana I **WHMB** 20 No Indianapolis, Indiana See instructions for additional information WHMB-World Har 40.2 I-M No Indianapolis, Indiana on alphabetization. 9 No WISH ı Indianapolis, Indiana WISH-HD/DT (sim 8.1 I-M No Indianapolis, Indiana 8.2 WISH-getTV I-M No Indianapolis, Indiana **WISH-Justice** No 8.3 I-M Indianapolis, Indiana **WNDY** 32 ı No Marion, Indiana WNDY-HD/DT (Sir I-M 23.1 No Marion, Indiana **WNDY-Bounce T** 23.2 I-M No Marion, Indiana WRTV 25 Ν No Indianapolis, Indiana WRTV-HD/DT (Sin 6.1 N-M No Indianapolis, Indiana WRTV-Grit 6.2 I-M No Indianapolis, Indiana WRTV-Laff 6.3 I-M No Indianapolis, Indiana **WTHR** 13 Ν No Indianapolis, Indiana WTHR-HD/DT (Sir 13.1 N-M No Indianapolis, Indiana WTHR-Cozi TV 13.2 I-M No Indianapolis, Indiana WTHR-Me-TV 13.3 I-M No Indianapolis, Indiana

LEGAL NAME OF OWN					OVOTEM ID#				
		YSTEM:			SYSTEM ID#	Namo			
CMN-RUS, INC. 062634 RIMARY TRANSMITTERS: TELEVISION									
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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									
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(for independent multion For the meaning of the	,		**	•	ommercial educational multicast).				
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G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, 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:

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sir	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce T\	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	l	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Sir	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Sir	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WISH	9	l I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sin	32.1	N-M	No		Louisville, Kentucky

PRIMARY TRANSMITTERS: TELEVISION

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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.

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		CHANN	EL LINE-UP	AB (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTIU	14	Е	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WBNA	8	I	No		Louisville, Kentucky

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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	CHANN	EL LINE-UP	AC			
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
39	N	No		Terre Haute Indiana		
39.1	N-M	No		Terre Haute Indiana		
10	N	No		Terre Haute Indiana		
10.1	N-M	No		Terre Haute Indiana		
10.2	I	No		Terre Haute Indiana		
28	I	No		Evansville, Indiana		
7.1	I-M	No		Evansville, Indiana		
36	N	No		Terre Haute Indiana		
36.1	N-M	No		Terre Haute Indiana		
22	Е	No		Vincennes, Indiana		
22.1	E-M	No		Vincennes, Indiana		
	CHANNEL NUMBER 39 39.1 10 10.1 10.2 28 7.1 36 36.1 22	2. B'CAST CHANNEL NUMBER STATION 39 N 39.1 N-M 10 N 10.1 N-M 10.2 I 28 I 7.1 I-M 36 N 36.1 N-M 22 E	2. B'CAST CHANNEL NUMBER STATION 39 N NO 39.1 N-M NO 10 N NO 10.1 N-M NO 10.2 I NO 28 I NO 7.1 I-M NO 36 N NO 36.1 N-M NO 22 E NO	CHANNEL NUMBER OF STATION (Yes or No) CARRIAGE (If Distant) 39 N No 39.1 N-M No 10 N No 10.1 N-M No 10.2 I No 28 I No 7.1 I-M No 36 N No 36.1 N-M No 22 E No		

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

G

Primary Transmitters: Television

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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 (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLWT	35	N	No		Cincinnati, Ohio
WLWT-HD/DT (Si	5.1	N-M	No		Cincinnati, Ohio
WKPC	17	E	No		Lexington, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
					<u> </u>

Form SA3E Long Form (Rev. 05-17)

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	AE		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sir	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	E	No		Fort Wayne, Indiana
WFYI	21	E	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	E	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana

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.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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 (2)		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana	
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana	
WNDY	32	I	No		Marion, Indiana	
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana	
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana	
WPTA	24	N	No		Fort Wayne, Indiana	
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana	
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana	
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana	
WRTV	25	N	No		Indianapolis, Indiana	
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana	
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana	
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana	
WTHR	13	N	No		Indianapolis, Indiana	
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana	
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana	
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana	

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:

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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	
WANE	31	N	No		Fort Wayne, Indiana	
WANE-HD/DT (Sir	15.1	N-M	No		Fort Wayne, Indiana	
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana	
WFFT	36	I	No		Fort Wayne, Indiana	
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana	
WFWA	40	E	No		Fort Wayne, Indiana	
WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana	
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana	
WFWA-Create	39.3	Е	No		Fort Wayne, Indiana	
WFWA-4you	39.4	E	No		Fort Wayne, Indiana	
WISE	18	I	No		Fort Wayne, Indiana	
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana	
WPTA	24	N	No		Fort Wayne, Indiana	
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana	
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana	
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana	

G

Primary Transmitters: Television

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.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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.

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

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

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, 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.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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.

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		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	
WCLJ	42	I	No		Bloomington, Indiana	
WCPO	22	N	No		Cincinnati, Ohio	
WCPO-HD/DT (Si	9.1	N-M	No		Cincinnati, Ohio	
WFYI	21	E	Yes	О	Indianapolis, Indiana	
WFYI-HD/DT (Sim	20.1	E-M	Yes	E	Indianapolis, Indiana	
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana	
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana	
WHMB	20	I	No		Indianapolis, Indiana	
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana	
WIPX	27	I	No		Bloomington, Indiana	
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana	
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana	
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana	
WISH	9	I	No		Indianapolis, Indiana	
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana	
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana	
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana	
WLWT	35	N	No		Cincinnati, Ohio	

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.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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 (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLWT-HD/DT (Sir	5.1	N-M	No		Cincinnati, Ohio
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

LEGAL NAME OF OWI	NER OF CABLE S'	YSTEM:			SYSTEM ID#				
CMN-RUS, INC	·				062634	Name			
PRIMARY TRANSMITT	ERS: TELEVISION	ON							
carried by your cable FCC rules and regular 76.59(d)(2) and (4), 70 substitute program ba	system during t tions in effect o 6.61(e)(2) and (sis, as explaine	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	Primary Transmitters: Television			
basis under specifc For Do not list the station	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
basis. For further in the paper SA3 for Column 1: List each	and also in spanformation condorm. ch station's call	ace I, if the stacerning substitution sign. Do not it	tute basis station	ns, see page (v) c n program service	tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ution. For example, report multi-				
WETA-simulcast).			•	•	h stream separately; for example ion for broadcasting over-the-air in				
its community of licens on which your cable s	se. For exampley stem carried to	e, WRC is Ch he station.	annel 4 in Wash	nington, D.C. This	may be different from the channel				
(for independent multi For the meaning of the Column 4: If the si planation of local serv Column 5: If you h	cast), "E" (for nese terms, see tation is outside ice area, see pare entered "Y	oncommercia page (v) of the the local servage (v) of the les" in column	Il educational), c e general instructice area, (i.e. "c general instruct 4, you must cor	or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5,	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your				
carried the distant stare For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	tion on a part-ti sion of a distan t entered into o a primary trans simulcasts, als nree categories e location of ea Canadian statio	me basis becat multicast street multicast street or before Justiller or an a content "E". If a, see page (vach station. Foons, if any, giv	ause of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the) of the general or U.S. stations, re the name of the	activated channel subject to a royalty etween a cable sy senting the prima channel on any o instructions locate list the community with	y payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. If y to which the station is licensed by the name which the station is identifed.				
	-		EL LINE-UP	_					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana				
		<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
WCLJ	42	l	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	No		Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana
WIPB-Create	49.2	E-M	No		Muncie, Indiana
WIPB - Weather	49.3	I-M	No		Muncie, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana

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	AI (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	l	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

FURM SAJE. PAGE 3.					A\/A==1.15."	
CMN-RUS, INC		YSTEM:			SYSTEM ID# 062634	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba	system during tions in effect of 6.61(e)(2) and asis, as explained	the 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 carrience carriage of cert 1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
basis under specifc F Do not list the station station was carried List the station here basis. For further i in the paper SA3 f Column 1: List ea each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable s Column 3: Indicate educational station, be (for independent multicate for the meaning of the Column 4: If the seplanation of local service carried the distant state for the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the	CC rules, regul n here in space donly on a subset, and also in spanformation conform. ch station's call n associated with A-2". Simulcast the channel number is en each case y entering the le icast), "E" (for rese terms, see tation is outside vice area, see phave entered "Y the distant station on a part-tision of a distant at entered into company transfer is simulcasts, also three categories are location of each Canadian station.	ations, or authorized attentions, or authorized attentions, or authorized attentions, or authorized attentions, and of the station active attentions, and of the attentions of the station. Whether the station active and of the attention attention, whether the station, whether the station and commercial page (v) of the attention and during the area at multicast strain or before Justiniary and on a center "E". If a see page (v) ach station. Foons, if any, given and the station area and any given attentions attentions.	norizations: It it in space I (the ation was carried tute basis station report origination cording to its over the reported in the assigned to annel 4 in Wash tation is a network), "N-M" (Il educational), cordinated energy of the general instruct 4, you must confide accounting period accounting period ause of lack of a seam that is not some 30, 2009, be ssociation repression you carried the of the general for U.S. stations, we the name of the	de Special Statemed do both on a substins, see page (v) of a program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefer network multion "E-M" (for noncetions located in the televisions located in the plete column 5, and Indicate by enactivated channel subject to a royalty etween a cable sy esenting the primal channel on any of instructions located list the community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ttering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try 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 h which the station is identifed.	Television
Note. If you are utilize		• •	•	•	Charmer inte-up.	
	T		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	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	

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
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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.

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

		CHANN	EL LINE-UP	AJ (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WIPB-Create	49.2	E-M	Yes	О	Muncie, Indiana
WIPB - Weather	49.3	I-M	Yes	0	Muncie, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WCLJ	42	I	No		Bloomington, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

LEGAL NAME OF OWI	NER OF CABLE S	YSTEM:			SYSTEM ID#				
CMN-RUS, INC).				062634	Name			
PRIMARY TRANSMITT	ERS: TELEVISION	ON							
carried by your cable FCC rules and regular 76.59(d)(2) and (4), 70 substitute program ba	system during t tions in effect o 6.61(e)(2) and (sis, as explaine	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	Primary Transmitters: Television			
basis under specifc For Do not list the station	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 here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
basis. For further in the paper SA3 for Column 1: List each	and also in spanformation condorm. ch station's call	ace I, if the stacerning substitution sign. Do not it	tute basis station	ns, see page (v) c n program service	tute basis and also on some other of the general instructions located as 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 licens on which your cable s	se. For exampley ystem carried t	e, WRC is Ch he station.	annel 4 in Wash	nington, D.C. This	may be different from the channel				
educational station, by (for independent multi For the meaning of the Column 4: If the si planation of local serv Column 5: If you h cable system carried to	y entering the le cast), "E" (for n ese terms, see tation is outside ice area, see p lave entered "Y the distant stati- tion on a part-ti	etter "N" (for n oncommercia page (v) of the the local sen age (v) of the es" in column on during the me basis beca	etwork), "N-M" (il educational), of general instructivice area, (i.e. "of general instructivity of accounting perions of lack of a	for network multion "E-M" (for noncontions located in the distant"), enter "Ye ions located in the mplete column 5, and Indicate by enactivated channel	cast), "I" (for independent), "I-M" ommercial educational multicast). The paper SA3 form. es". If not, enter "No". For an exemple paper SA3 form. estating the basis on which your tering "LAC" if your cable system				
of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	t entered into o a primary trans simulcasts, als hree categories e location of ea Canadian statio	on or before Justimitter or an a conter "E". If so, see page (vach station. Foons, if any, given	une 30, 2009, be ssociation repre you carried the) of the general or U.S. stations, re the name of the	etween a cable sy senting the prima channel on any o instructions locate list the community ne community with	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.				
		CHANN	EL LINE-UP	AJ (3)					
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				
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana				
	 								

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, 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.

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

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, 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	AK (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana

Form SA3E Long Form (Rev. 05-17)

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
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie, Indiana
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB-Weather	49.3	E-M	Yes	0	Muncie, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

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 (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WLFI	11	N	No		West Layfatyette, Indiana
WLFI-HD/DT (Sim	18.1	N-M	No		West Layfatyette, Indiana
WLFI-GetTV	18.2	I-M	No		West Layfatyette, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WPBI-LD	16.1	I	No		Lafayette, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana

Form SA3E Long Form (Rev. 05-17)

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
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	l	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	l	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	1	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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 (2)		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana	
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	
WTHR	13	N	No		Indianapolis, Indiana	
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana	
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana	
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana	
WIPX	27	I	No		Bloomington, Indiana	
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana	
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana	
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana	
WFYI	21	Е	No		Indianapolis, Indiana	
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana	
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana	
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana	

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.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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	
WCLJ	42	I	No		Bloomington, Indiana	
WTTV	48	N	No		Bloomington, Indiana	
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana	
WTTV - CW	4.2	I-M	No		Bloomington, Indiana	
WRTV	25	N	No		Indianapolis, Indiana	
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana	
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana	
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana	
WNDY	32	ı	No		Marion, Indiana	
WNDY-HD/DT (Sii	23.1	I-M	No		Marion, Indiana	
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana	
WISH	9	l	No		Indianapolis, Indiana	
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana	
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana	
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana	
WHMB	20	I	No		Indianapolis, Indiana	
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana	
WXIN	45	I	No		Indianapolis, Indiana	

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634 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.

Transmitters: Television

G

Primary

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 AN (2)									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana					
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana					
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana					
WTHR	13	N	No		Indianapolis, Indiana					
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana					
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana					
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana					
WIPX	27	I	No		Bloomington, Indiana					
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana					
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana					
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana					
WFYI	21	E	No		Indianapolis, Indiana					
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana					
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana					
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana					
WIPB	23	E	No		Muncie, Indiana					
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana					
WIPB-Create	49.2	E-M	No		Muncie, Indiana					

LEGAL NAME OF OWN	NER OF CABLE S'	YSTEM:			SYSTEM ID#	
CMN-RUS, INC					062634	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during t ions in effect of 5.61(e)(2) and (sis, as explaine	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 cable system on a substitute program	G Primary Transmitters: Television
basis under specifc FC • Do not list the station	CC rules, regula here in space	ations, or auth G—but do lis	orizations:		ent and Program Log)—if the	T GIGVIGIGII
basis. For further in in the paper SA3 fo Column 1: List each	and also in spanformation condorm. ch station's call	ace I, if the state of the stat	tute basis station report origination	ns, see page (v) c n program service	tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	A-2". Simulcast	streams must	be reported in	column 1 (list eac	h stream separately; for example	
its community of licens on which your cable sy	se. For example ystem carried t	e, WRC is Ch ne station.	annel 4 in Wash	nington, D.C. This	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial	
educational station, by (for independent multion For the meaning of the Column 4: If the st	entering the lecast), "E" (for nese terms, see ation is outside	etter "N" (for n oncommercia page (v) of th the local ser	etwork), "N-M" (I educational), c e general instru vice area, (i.e. "c	for network multion for "E-M" (for nonce tions located in the distant"), enter "Ye	ast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-	
cable system carried the 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 "Y he distant station ion on a part-ti- sion of a distant t entered into o a primary trans simulcasts, als inree categories e location of ea Canadian statio	es" in column on during the me basis becat multicast strong or before Jumitter or an action of enter "E". If a see page (vich station. Foons, if any, given during the station of the stat	4, you must con accounting period ause of lack of a sam that is not sure 30, 2009, be association repreyou carried the of the general or U.S. stations, the the name of the accounting the stations.	mplete column 5, od. Indicate by en activated channel subject to a royalty etween a cable sy esenting the prima channel on any of instructions locate list the community with	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 try transmitter, enter the designather 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	AN (3)		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WIPB - Weather	49.3	I-M	No		Muncie, Indiana	
	<u> </u>					

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
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.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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.

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		CHANN	EL LINE-UP	AO	
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
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM	12	N	No		Chicago, Illinois
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois
WLS	44	N	No		Chicago, Illinois
WLS-HD/DT (Simi	7.1	N-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WPWR-Movies!	50.2	I-M	No		Gary, Indiana
WPWR-Buzzr	50.4	I-M	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana
WYIN-NHK World	56.2	E-M	No		Gary, Indiana

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.

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	CHANN	EL LINE-UP	AP	
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
9	Е	No		Urbana, Illinois
25.1	N	No		Bloomington, Illinois
25.2	N-M	No		Bloomington, Illinois
25.3	I-M	No		Bloomington, Illinois
30	N	No		Bloomington, Illinois
31.2	I-M	No		Bloomington, Illinois
39	I	No		Bloomington, Illinois
28	I	No		Bloomington, Illinois
43.3	I-M	No		Bloomington, Illinois
46	E	No		Peoria, Illinois
47.3	E-M	No		Peoria, Illinois
	CHANNEL NUMBER 9 25.1 25.2 25.3 30 31.2 39 28 43.3 46	2. B'CAST CHANNEL NUMBER STATION 9 E 25.1 N 25.2 N-M 25.3 I-M 30 N 31.2 I-M 39 I 28 I 43.3 I-M 46 E	2. B'CAST CHANNEL NUMBER STATION STATION 9 E NO 25.1 N NO 25.2 N-M NO 25.3 I-M NO 30 N NO 31.2 I-M NO 39 I NO 28 I NO 43.3 I-M NO 46 E NO	CHANNEL NUMBER OF STATION (Yes or No) CARRIAGE (If Distant) 9 E No 25.1 N No 25.2 N-M No 25.3 I-M No 30 N No 31.2 I-M No 39 I No 28 I No 43.3 I-M No 46 E No

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	AQ		
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
9	Е	No		Urbana, Illinois	
25.1	N	No		Bloomington, Illinois	
25.2	N-M	No		Bloomington, Illinois	
25.3	I-M	No		Bloomington, Illinois	
30	N	No		Bloomington, Illinois	
31.2	I-M	No		Bloomington, Illinois	
39	I	No		Bloomington, Illinois	
28	ı	No		Bloomington, Illinois	
43.3	I-M	No		Bloomington, Illinois	
46	E	No		Peoria, Illinois	
47.3	E-M	No		Peoria, Illinois	
	CHANNEL NUMBER 9 25.1 25.2 25.3 30 31.2 39 28 43.3 46	2. B'CAST CHANNEL NUMBER STATION 9 E 25.1 N 25.2 N-M 25.3 I-M 30 N 31.2 I-M 39 I 28 I 43.3 I-M 46 E	2. B'CAST CHANNEL NUMBER STATION STATION 9 E NO 25.1 N NO 25.2 N-M NO 25.3 I-M NO 30 N NO 31.2 I-M NO 39 I NO 28 I NO 43.3 I-M NO 46 E NO	CHANNEL NUMBER OF STATION (Yes or No) CARRIAGE (If Distant) 9 E No 25.1 N No 25.2 N-M No 25.3 I-M No 30 N No 31.2 I-M No 39 I No 28 I No 43.3 I-M No 46 E No	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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	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
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana
WYIN-NHK World	56.2	E-M	No		Gary, Indiana
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois
WBBM-Decades	2.2	I-M	No		Chicago, Illinois
WLS-HD/DT (Sim	7.1	N-M	No		Chicago, Illinois
WLS-LivWell	7.2	I-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WTTW-HD/DT	11.1	E	No		Chicago, Illinois
WSNS-HD/DT	44.1	I-M	No		Chicago, Illinois
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois
				1	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

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

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, 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.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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
WKLE-HD/DT	46	E	No		Lexington, Kentucky
WDKY-HD/DT	56.1	I	No		Danville, KY
WDKY-Comet	56.2	I-M	No		Danville, KY
WDKY-Charge!	56.3	I-M	No		Danville, KY
WDKY-TBD	56.4	I-M	No		Danville, KY
WKYT-HD/DT	27.1	N	No		Lexington, Kentucky
WKYT-CW	27.2	I-M	No		Lexington, Kentucky
WKYT-Local Rada	27.3	I-M	No		Lexington, Kentucky
WLEX-HD/DT	18.1	N	No		Lexington, Kentucky
WLEX-MeTV	18.2	I-M	No		Lexington, Kentucky
WLEX-Bounce	18.3	I-M	No		Lexington, Kentucky
WTVQ-HD/DT	36.1	N	No		Lexington, Kentucky
WTVQ-My Networ	36.2	I-M	No		Lexington, Kentucky
WTVQ-Justice	36.3	I-M	No		Lexington, Kentucky
WTVQ-Laff	36.4	I-M	No		Lexington, Kentucky
WTVQ-Escape	36.5	I-M	No		Lexington, Kentucky
WTVQ-Quest	36.6	I-M	No		Lexington, Kentucky
WTVQ-Grit	36.7	I-M	No		Lexington, Kentucky

G

Primary Transmitters: Television

n a gram	Name G Primary Transmitters: Television							
ns) r n a gram	Primary Transmitters:							
n a gram	Primary Transmitters:							
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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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), "" (for independent), "HM" (for independent multicast), "E" (for noncommercial educational								
	d titify in el ercial . ect titing							

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS. 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/
LEGAL NAME OF OWNER OF CMN-RUS, INC.	CABLE SYST	ГЕМ:				SY	STEM ID# 062634	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	1				
In General: In space I, ident substitute basis during the a explanation of the programn	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or author	rizations. Fo	or a further	Substitute
1. SPECIAL STATEMEN				- J		11		Carriage:
During the accounting per broadcast by a distant sta		r cable system	n carry, on a substitute basi	s, any nonne	_		☑ No	Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is '	'Yes," you mι	ust complete the	e program		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please a of every no of every no of distant state egulations, of ation. Do no Lucy" or "NE m was broad sign of the sadcast stationation and day ve "5/7." es when the Example: a ter "R" if the land regulation of the sadcast station that and day ve "5/7."	attach addition nnetwork televion and that your authorization to use general of BA Basketball: deast live, ente station broadca on's location (thons, if any, the when your system a program carri- listed program ons in 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 stem carried the substitute program was carried by your ged by a system from 6:01:	rogram) that, d for the progeral instructio "basketball". lo." m. station is lice station is idenorogram. Use cable system. 15 p.m. to 6:2 mming that ye; enter the let	during the accoramming of anous located in the List specific purished by the FC stiffied). List the times: 8:30 p.m. should our system was ter "P" if the list	ounting other station in paper rogram CC or, in the month accurately lid be serequired ted pro		
5	SUBSTITUT	E PROGRAM	1		EN SUBSTITU IAGE OCCUR		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH 6. TIMES AND DAY FROM — TO		_	DELETION	
	-							
	-							
	-							
					_			

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

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
CMN-RUS, INC.
SYSTEM ID#
062634

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 "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m."

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

LEGA	L NAME OF OWNER OF CABLE SYSTEM: N-RUS, INC.		SYSTEM ID# 062634	Name		
all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transr compute this	mission service	K Gross Receipts		
InstruConIf you feeIf you accommoded	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. Use yestem did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. Use system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.	arts of the D	SE Schedule	L Copyright Royalty Fee		
bloc ▶ If pa 3 be	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 3 below. rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be surcharge.	entered on li	ne 2 in block			
Block	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064					
	Enter the result here. This is your minimum fee.	\$	52,339.66			
Block 2	 space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? X Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4. 					
Block 3	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	10,275.46			
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00			
	Line 3. Add lines 1 and 2 and enter here	\$	10,275.46			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	\$	52,339.66	Cable systems submitting additional		
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact		
	Line 4. FILING FEE	\$	725.00	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	\$	53,064.66	appropriate form for submitting the additional fees.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	(See page (i)	of the			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	CMN-RUS, INC.	062634								
	CHANNELS									
M	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.									
Channels	Enter the total number of channels on which the cable									
	system carried television broadcast stations	58								
	2. Enter the total number of activated channels									
	on which the cable system carried television broadcast stations	300								
	and nonbroadcast services									
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
	we can contact about this statement of account.)									
Individual to Be Contacted										
for Further	Name ED CORR	Telephone 812.213.1081								
Information		· · · · · · · · · · · · · · · · · · ·								
	Address 8837 BOND STREET									
	(Number, street, rural route, apartment, or suite number)									
	OVERLAND PARK, KS 66214 (City, town, state, zip)									
	Email Fax (optio	nel)								
	Email Fax (optio									
	CERTIFICATION /This statement of account must be partified and signed in accordance with Co	nuriable Office regulations								
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Co	pyright Office regulations.								
Certifcation	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	I in line 1 of space B; or								
	(A cont of course other than a course time or mouth on the line) I are the district or any of the	average & the could be represented as indeptified								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the in line 1 of space B and that the owner is not a corporation or partnership; or	bwher of the cable system as identified								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal er	ntity identifed as owner of the cable system								
	in line 1 of space B.	,								
	I have examined the statement of account and hereby declare under penalty of law that all statement.	ents of fact contained herein								
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made i									
	[18 U.S.C., Section 1001(1986)]									
	X /s/ Ed Corr									
	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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid ena	, place your cursor in the box and press the								
	Typed or printed name: ED CORR									
	Title: VICE PRESIDENT TAX									
	(Title of official position held in corporation or partnership)									
	Date:									

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

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

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

ACCOUNTING PERIOD: 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 the electric content of the test of the post-	

Note that local stations are not counted at all in computing DSEs. $\label{eq:decomposition}$

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	f Subscriber Groups	
	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

		40,0000			
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 CABL	E SYSTEM:			S'	YSTEM ID#					
1	CMN-RUS, INC.					062634					
	SUM OF DSEs OF CATEGOR	DV "O" STATIO	MC.			1					
	• Add the DSEs of each station		NO.								
	Enter the sum here and in line 1 of part 5 of this schedule.										
						1					
2	Instructions:	6	Harten and Fall affairs of a fall and		U I. II #6": I						
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).										
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
of DSEs for											
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WFYI	0.250	WFYI-Kids	0.250	WFYI-Create	0.250					
	WIPB	0.250	WIPB-Create	0.250	WIPB-Weather	0.250					
		00				00					
Add rows as				<mark></mark>							
necessary.				<mark>.</mark>		<u> </u>					
Remember to copy				<mark> </mark>							
all formula into new											
rows.											
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		<u>.</u>		<mark></mark>							
											
											
						ļ					

Name	CMN-RUS, II	NC.					s	062634
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista L: For each station, give the correspond with the infonts: For each station, give the correspond with the infonts: Divide the figure in column at least to the third decire: For each independent size of the correspond of the corresponding to the call size of the corresponding to the call size of the call si	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 of 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 stati ly one DSE for ea on broadcast ove ive the result in c e value" for the st For each network	on during the accounting ach station. If the air during the accounting the air during the accounting the accounting the accounting the accounting the accounting the air during the accounting the accou	ounting period. his figure must cational station,	
Capacity	0710101111	C	ATEGORY LAC	STATIONS: (COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. N JRS O ED BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAGI VALUE	5. TYPE	6. DS	βE
						x		
			÷	=		X	<u>=</u>	
						x x		
			÷	=		X	=	
			÷ ÷	=		x x	= = =	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page 2.		э,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and the space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each start by your system in substant on October 19, 1976 (one or more live, nonnetwown each station give the This figure should correst Enter the number of days Divide the figure in colum This is the station's DSE	itution for a program as shown by the lett ork programs during number of live, non spond with the inform in the calendar years 2 by the figure in	that your system er "P" in column 7 that optional carrie network programs nation in space I. ir: 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by the carried in substi- a leap year. the the result in col-	delete under FCC rules the word "Yes" in column 2 tution for programs that umn 4. Round to no less	2 of were deleted s than the third	rm).
		SU	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		÷		=
		÷		=		÷		=
		÷ ÷		=		÷		=
		÷		=		÷		=
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. um here and in line 3 of pa		e,	>	0.00		
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of 2. Number of 2.	ER OF DSEs: Give the am s applicable to your systen f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●		in parts 2, 3, and	4 of this schedule	and add them to provide	1.50 0.00 0.00	
	TOTAL NUMBE	R OF DSEs						1.50

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

LEGAL NAME OF C	OWNER OF CABLE	SYSTEM:					SY	O62634	Name
In block A: • If your answer if schedule.	ck A must be com "Yes," leave the re	emainder of _l	below.	7 of the DSE sche		nd complete pa	ort 8, (page 16) of	the	6 Computation of
le the cable evete	m located wholly o					ection 76.5 of I	ECC rules and rec	rulations in	3.75 Fee
	List the call signs under FCC rules instructions for the Satellite Televisi Enter the approp (Note the FCC ru A Stations carring 76.61(b)(c)] B Specialty static C Noncomeric D Grandfathere instructions for E Carried pursu *F A station pre G Commercial L M Retransmission List the DSE for	BLOC s of distant stand regulation end sand regulation or extension or extension or extension or extension as define called ducation distant to individe evicusly carried JHF station von of a distant estations ideal of the extension of the exten	ck B: CARR cations listed in ons prior to Juridule. (Note: The and Localism dicating the basel attentions cited be to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parage dule). ual waiver of Fed on a part-time within grade-B of the multicast streen station listed in entified by the le	part 2, 3, and 4 one 25, 1981. For fine letter M below recommendation of 2010.) sis on which you delow pertain to the received quota rules [76.59(d)(1), 76.61(d), 76. raph regarding surplemental contour, [76.59(d)(d), 76.59(d)(d), 76.59(d)(d), 76.59(d)(d)	MITTED DS f this schedul urther explana refers to an ex- carried a permose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) 63(a) refermin sibstitution of g asis prior to Ju (5), 76.61(e)(b) of the schedul	e that your systation of permitted station in June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered sune 25, 198 5), 76.63(a) referring to 7 g to 76.63(a) referring to	tem was permitted ed stations, see the stations, see the stream as set for 1. 76.63(a) referring 6.61(e)(1 tations in the serring to 76.61(e)(ne trth in the	
1. CALL	2. PERMITTED	I I	1. CALL	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED	3. DSE	
SIGN WFYI	BASIS	0.25	SIGN WFYI-Kids		0.25	WFYI-Crea	BASIS C	0.25	
WIPB	С	0.25	WIPB-Crea	С	0.25	WIPB-Wea	С	0.25	
			1					1.50	
				MOUTATION					
		В	SLUCK C: CO	MPUTATION OF	r 3./5 FEE				
	e total number of								
	line 2 from line 1 leave lines 4–7 b			•		5 rate.		_	
Line 4: Enter gro	oss receipts from	n space K (p	age 7)				x 0.03	75	Do any of the DSEs represent partially
Line 5: Multiply	line 4 by 0.0375	and enter s	um here				×		permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	e 3						carriage? If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 a	nd enter hei	re and on line	2, block 3, spac	e L (page 7))		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CMN-RUS, INC. 062634 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE SIGN BASIS SIGN BASIS SIGN BASIS Computation of 3.75 Fee

Name	CMN-RUS, INC.		E STSTEM.							062634			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (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												
		PERMITT	ED DSE FOR ST	ATIONS CARRI	ΕD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_		
	1. CALL	2. PRIC		COUNTING		4. BASIS OF	1	RESENT	6. P	ERMITTED	_		
l	SIGN	DSE	F	PERIOD		CARRIAGE]	DSE		DSE	_		
					••••								
											_		
7	Instructions: Block A	\ must be com	pleted.										
Computation	In block A: If your answer is	"Yes." comple	ete blocks B and (C. below.									
of the	1				pa	art 8 of the DSE sched	ule.						
Syndicated			BLOC	K A: MAJOR	TI	ELEVISION MARK	ET						
Exclusivity													
Surcharge	l <u></u> ' '	-		jor television mar	ke	t as defned by section 7		rules in effect J	une 24,	1981?			
	X Yes—Complete	: blocks B and	IC.			No—Proceed to	part 8						
	BLOCK B: Ca	arriage of VHI	-/Grade B Contou	r Stations		BLOCK	C: Compu	tation of Exem	pt DSE	5			
	Is any station listed in				Ì	Was any station listed							
	commercial VHF stati	ion that places				nity served by the cab	le system p						
	or in part, over the ca	•	th its appropriate pe	rmitted DSF		to former FCC rule 76 Yes—List each st	,	with its annronria	ate nermi	itted DSF			
	X No—Enter zero a			millou BoL		X No—Enter zero a			ato porm	WOO DOE			
		т т	1				1	1					
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE			
		 									ì		
			-								ì		
											ì		
		 									i		
											i		
											i		
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC. SYSTEM ID# 062634	Namo
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section		<u>-</u>
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.	- 1
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	-
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	-
Section 4a	▼ 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:	YSTEM ID#
Name	(CMN-RUS, INC.	062634
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. F. Multiply line D by line E and enter here. S. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
Computation of Base Rate Fee	6 was 6 In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	_	X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	-
		Base Rate Fee	0.00

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

LEGAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID# 062634	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	in section 2 is more than 4.000, compute your base rate ree nere and reave section 5 blank.		8
	0.01064 of gross receipts mount in section 1) ▶ \$		0
B. Enter (the a	0.00701 of gross receipts mount in section 1) \$		Computation of
	bly line B by 3.000 and enter here > \$	_	Base Rate Fee
D. Enter (the a	0.00330 of gross receipts mount in section 1) **Section 1.1** **Section		
	act 4.000 from total DSEs gure in section 2) and enter here		
	oly line D by line E and enter here ▶ \$		
	nes A, C, and F. This is your base rate fee.		
	here and in block 3, line 1, space L (page 7) Rate Fee \$	0.00	
IMPORTANT: It is	no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	net cianale chall	
	d on a community-by-community basis (subscriber groups) if the cable system reported multiple channels	0	9
receipts from subs	of the stations you carried were partially distant, the statute allows you, in computing your base rate fee cribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
exclusion, you mus	it.		Base Rate Fee and
station or the same DSEs and the port	your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine ion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for ge separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	Syndicated Exclusivity Surcharge for
also compute a Sy	on of your cable system is located within the top 100 television market and the station is not exempt in producted Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B been is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
-	Subscriber Group for Partially Distant Stations community served, determine the local service area of each wholly distant and each partially distant starmunity.	tion you	for Partially Permitted Stations
outside the station	wholly distant and each partially distant station you carried, determine which of your subscribers were loost Is local service area. A subscriber located outside the local service area of a station is distant to that state e station is distant to the subscriber.)		
subscriber group n	r subscribers into subscriber groups according to the complement of stations to which they are distant. nust consist entirely of subscribers who are distant to exactly the same complement of stations. Note the nly one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the bagroups.	ase rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each section:			
•	nunities/areas represented by each subscriber group. for each of the stations in the subscriber group's complement—that is, each station that is distant to al group.	I of the	
• If:			
and 4 of this sched	ocated wholly outside all major and smaller television markets, give each station's DSE as you gave it i lule; or, our system is located in a major or smaller televison market, give each station's DSE as you gave it in b		
part 6 of this sc	· · · · · · · · · · · · · · · · · · ·	noon b,	
Add the DSEs for	each station. This gives you the total DSEs for the particular subscriber group.		
Calculate gross resin the paper SA3	eceipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general i form.	nstructions	
page. In making th	rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the nis computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the p's complement of stations and total gross receipts from the subscribers in that group). You do not need on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS, 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.

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 062634	Name
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA	GREEN	CASTLE		COMMUNITY/ AREA	SEYMO	UR/NORTH VERNO	ON	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OF ILLE GIGIT	DOL	CALL GIGIT	DOL	OFFICE CHOIN	DOL	OFFICE CICIT	BOL	Base Rate Fee
				-			<u></u>	and
								Syndicated
								Exclusivity
				-		H		Surcharge
••••••								for
•••••		-						Partially
•••••			• • • • • • • • • • • • • • • • • • • •					Distant
•••••		-						Stations
•••••		-						
•••••			• • • • • • • • • • • • • • • • • • • •					
•••••		-	• • • • • • • • • • • • • • • • • • • •					
•••••			• • • • • • • • • • • • • • • • • • • •					
•••••								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 157,	924.80	Gross Receipts Secon	d Group	\$ 49	8,672.06	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	VINCE	INES		COMMUNITY/ AREA	MADISC)N		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-				_			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$ 222,	089.58	Gross Receipts Fourth	Group	\$ 36	8,048.28	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	bove.	\$ 1	0,275.46	

Name	YSTEM ID# 062634	S					ER OF CABL	CMN-RUS, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: 0	BI
•	JP	SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GROU	FIFTH	
9 Computat		MANCHESTER	NORTH	COMMUNITY/ AREA		SH		COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate					0.25	WFYI-Kids	0.25	WFYI
and							0.25	WFYI-Create
Syndicat								
Exclusiv						-		
Surchar								
for	•••••••••••••••••••••••••••••••••••••••		<u> </u>			-		
Partiall	···		·					
Distant								
Station			·			-	···	
Station			·				···	
			·····					
			·					
								
	<mark></mark>							
	<u></u>							
	0.00			Total DSEs	0.75			Total DSEs
	_	_		D	404.00	400		
	E7 644 64		ia (arolin	Gross Receipts Seco	421.98	\$ 183 _.	roup	Gross Receipts First G
	57,611.64	\$	и стоир	,				
	0.00	\$		Base Rate Fee Secon	,463.71	\$ 1,	roup	Base Rate Fee First G
	0.00		d Group		•	\$ 1,		
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH		•	SUBSCRIBER GROU	SEVENTH	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUNDS RSVILLE	d Group EIGHTH CONNER	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	d Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	•	SUBSCRIBER GROU	SEVENTH	\$
	0.00	\$ SUBSCRIBER GROUNDS RSVILLE	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	d Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROURSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROUNGTON	SEVENTH HUNTIN	CALL SIGN
	0.00 JP DSE 0.25	\$ SUBSCRIBER GROUNDS RSVILLE CALL SIGN WFYI-Kids	DSE 0.25	COMMUNITY/ AREA CALL SIGN WFYI WFYI-Create	JP DSE	SUBSCRIBER GROUNGTON CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
	0.00 JP DSE 0.25 0.75	\$ SUBSCRIBER GROUNDS RSVILLE CALL SIGN WFYI-Kids	DSE 0.25	CALL SIGN WFYI WFYI-Create Total DSEs	DSE O.00	SUBSCRIBER GROUNGTON CALL SIGN	DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 062634	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROU	JP		TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA		ASTLE		COMMUNITY/ AREA		ON		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WIPB	0.25	WIPB-Create	0.25	Base Rate Fe
				WIPB-Weather	0.25			and
								Syndicated
	<u></u>							Exclusivity Surcharge
	···							for
••••••	···	-			<u></u>			Partially
								Distant
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Tatal DCFa			0.00	Total DCFa		I.I.	0.75	
Total DSEs			0.00	Total DSEs				
Gross Receipts First G	roup	<u>\$ 185</u>	777.64	Gross Receipts Secon	nd Group	<u>\$</u> 1	69,441.56	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Secon	nd Group	\$	1,352.14	
E	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	FRANK	LIN/GREENWOO	D	COMMUNITY/ AREA	LAFAYE	TTE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WIPB	0.25	WIPB-Create	0.25	
				WIPB-Weather	0.25			
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Total DSEs			0.00	Total DSEs			0.75	
Gross Receipts Third (Group	\$ 525	936.24	Gross Receipts Fourt	h Group	s 8	07,310.98	
Ciosa receipta milu (σισαρ	y 525	,555.27	Cross receipts rourt	ιι Οιουρ	* 0	57,515.55	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	6,442.34	
· <u> </u>	te fe			Base Rate Fee Fourti		\$	6,442.34	

LEGAL NAME OF OWNE	R OF CAB	LE SYSTEM:				S	YSTEM ID# 062634	Name
BI	LOCK A:	COMPUTATION O	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
THI	RTEENTH	SUBSCRIBER GRO	UP	FC	DURTEENTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA		FORDSVILLE				IELD/FISHERS/CA	ARMEL/ZIC	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
	.		······					and
	<u> </u>				•••••			Syndicated
								Exclusivity
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T-4-1 DOE-			0.00	T-4-LDOF-			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 223	,564.50	Gross Receipts Seco	ond Group	\$ 4	11,169.86	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	PLAINI	FIELD/ROMEOVII	LE	COMMUNITY/ AREA	A BLOOM	IINGTON		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	<u>\$ 125</u>	,252.70	Gross Receipts Four	rth Group	\$ 2	63,053.98	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
se Rate Fee: Add ther here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 062634	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SEVE	NTEENTH	SUBSCRIBER GRO	UP	E	IGHTEENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA		GO/PLANO/YOR	KVILLE		***************************************	A/GENEVA/N AUI		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<mark></mark>		<u></u>					and
	<mark></mark>					-		Syndicated
						-		Exclusivity
	<mark></mark>		<mark></mark>		·····	-	<u></u>	Surcharge
	<mark></mark>		···			-	<u></u>	for Partially
	···	-	<u></u>		••••		····	Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 91	,738.50	Gross Receipts Sec	ond Group	\$	76,209.60	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NII	NTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	DEKAL	B/SYCAMORE		COMMUNITY/ ARE	A LEXING	TON		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 25	5,778.85	Gross Receipts Fou	rth Group	<u>\$ 19</u>	95,333.60	
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 CMN-RUS, INC.	IER OF CAB	LE SYSTEM:				S	YSTEM ID# 062634	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		ii e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DCFs		Ц	0.00	Tatal DCFa			0.00	
Total DSEs	_			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	
		SUBSCRIBER GRO		ii .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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	
	the base ra	te fees for each subs		Base Rate Fee Fou		\$	0.00	

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Bas Sign of the control	9 omputation of ase Rate Fer and Syndicated Exclusivity Surcharge
COMMUNITY/ AREA GREENCASTLE COMMUNITY/ AREA SEYMOUR/NORTH VERNON CO CALL SIGN DSE SI SI SI SI SI SI SI SI SI	omputation of use Rate Fer and Syndicated Exclusivity Surcharge
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	and Syndicated Exclusivity Surcharge
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Total DSEs Total DSEs	
Gross Receipts First Group \$ 157,924.80 Gross Receipts Second Group \$ 498,672.06	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP	
COMMUNITY/ AREA VINCENNES COMMUNITY/ AREA MADISON	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
CALL SIGN DSL CALL SIGN DSL CALL SIGN DSL CALL SIGN	
Total DSEs 0.00 Total DSEs 0.00	
Gross Receipts Third Group \$ 222,089.58 Gross Receipts Fourth Group \$ 368,048.28	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

LEGAL NAME OF OWNE	ER OF CAB	LE SYSTEM:				S	062634	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	FIFTH	SUBSCRIBER GRO	JP		SIXTE	H SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	WABAS	SH		COMMUNITY/ AREA NORTH MANCHESTER			9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
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								Surcharge
								for
								Partially
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								Stations
Total DSEs		0.00		Total DSEs	tal DSEs		0.00	
Gross Receipts First G	roup	\$ 183	,421.98	Gross Receipts Seco	ond Group	\$	\$ 57,611.64	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	JP		EIGHTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	HUNTII	NGTON		COMMUNITY/ AREA	CONNE	RSVILLE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	•		0.00	Total DSEs	-		0.00	
Total DSEs	Fross Receipts Third Group \$		-	0	Receipts Fourth Group \$ 127,477.68			
	Group	\$ 203	,327.16	Gross Receipts Four	iii Gioup			
		\$ 203	0.00	Base Rate Fee Four		\$	0.00	

9 Computation	ID	IBER GROUP	SUBSCR	TE EEEO EOD EAOU				
Computation	JI	SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		ВІ
•••	COMMUNITY/ AREA LEBANON						COMMUNITY/ AREA NEW C	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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Exclusivity		H				H		
Surcharge								
for								
Partially Distant								
Stations		_						
	0.00		•	Total DSEs				Total DSEs
<u>-</u>	\$ 169,441.56		d Group	Gross Receipts Secon	777.64	\$ 185,	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	TWELVTH SUBSCRIBER GROUP					SUBSCRIBER GROU	E	
		TTE	LAFAYE	COMMUNITY/ AREA LAFAYE		(LIN/GREENWOO	OMMUNITY/ AREA FRANK	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00		I	Total DSEs	0.00			Total DSEs
<u>- </u>	07,310.98	\$ 80	Group	Gross Receipts Fourth	936.24	\$ 525,	Group	Gross Receipts Third C
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

Computation	BER GROUP	IBER GROUP SUBSCRIBER GRO		TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (DI
Computation E of Base Rate F and Syndicate Exclusivit		SUBSCRIBER GRO	RTFFNTH					
Computation E of Base Rate F and Syndicate Exclusivit	HERS/CARMEL/ZIC				JP	SUBSCRIBER GROU		
E of Base Rate F and Syndicate Exclusivit	COMMUNITY/ AREA WESTFIELD/FISHERS/CARMEL/ZIC					FORDSVILLE	CRAW	COMMUNITY/ AREA
and Syndicate Exclusivit	GIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0	0.00	Total DSEs 0.0		0.00		•	Total DSEs	
6_	411,169.86	d Group	Gross Receipts Secon	564.50	\$ 223,	roup	Gross Receipts First G	
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0	0.00	\$		Base Rate Fee Secon	0.00	\$		Base Rate Fee First G
	BER GROUP	SUBSCRIBER GRO		iii		SUBSCRIBER GROU		
		INGTON	BLOOM	COMMUNITY/ AREA	LE	FIELD/ROMEOVIL	PLAINF	COMMUNITY/ AREA
 F	SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	JOIL BOL	O/ IEE CICIT	DOL	O/ IEE OTOTA	DOL	OF ILL CICIT	DOL	O, ILL OIOIT
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0	0.00		1	Total DSEs	0.00			Γotal DSEs
	263,053.98	\$	Group	Gross Receipts Fourth	252.70	\$ 125,	Group	Gross Receipts Third G
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0	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABI	LE SYSTEM:				S	O62634	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
SEVEN	NTEENTH	SUBSCRIBER GROU	JP	EIG	HTEENTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA OSWEO		GO/PLANO/YORK	VILLE	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			-					Base Rate Fee
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Total DSEs		LI CONTRACTOR OF THE PROPERTY	0.00	Total DSEs		Ш	0.00	
Gross Receipts First G	roup	ş 91,	738.50	Gross Receipts Secon	d Group	\$ 76,209.60		
0.000 r (000.pt0 r mot 0			7 7,700.00		Stock Noccipie Godenia Group			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINTEENTH S COMMUNITY/ AREA DEKALI		SUBSCRIBER GROU	JP	TV	VENTIETH			
		B/SYCAMORE		COMMUNITY/ AREA LEXING		TON		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 25,	778.85	Gross Receipts Fourth	Group	\$ 19	5,333.60	
Base Rate Fee Third G	Froup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

Name	YSTEM ID# 062634	Sì			•	LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE CMN-RUS, INC.		
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: C	BL		
9	JP	SUBSCRIBER GROU	-SECOND	TWENTY	JP 0	SUBSCRIBER GRO	TY-FIRST	TWENT		
Computation	COMMUNITY/ AREA 0							COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate Fe							<u> </u>			
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	0.00		Total DSEs		0.00			Total DSEs		
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr		
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr		
	TWENTY-FOURTH SUBSCRIBER GROUP					SUBSCRIBER GRO	ΓY-THIRD	TWENT		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
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	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	<u>\$</u>	Group	Total DSEs Gross Receipts Third G		