# THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

### SA1-2 Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/28/2020	\$ ALLOCATION NUMBER				

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)									
Accounting Period	☐ January 1–June 30									
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  In line 2, list any other names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 63489									
a .	1 LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	Vermont Telephone Company, Inc. 63489  2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):									
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 354 River Street (Number, street, rural route, apartment, or suite number) Springfield, VT 05156-2242 (City, town, state, zip)									
С	Instructions: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.									
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:  (Number, street, rural route, apartment, or suite number) (City, town, state, zip)									
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.									
First ► Community	CITY OR TOWN         STATE         CITY OR TOWN         STATE           Springfield         VT         Baltimore         VT           Andover         VT         Bridgewater         VT           Athens         VT         Chester         VT									

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LEGAL NAME OF OWNER OF CABLE SYSTEM:				
Vermont Telephone Company, Inc			63489	Name
Instructions: List each separate community in FCC rules: "a separate and distinct com areas and including single, discrete unincor of system identification hereafter known as Note: Entities and properties such as hotels, a identified city.	munity or municipal ent porated areas)." 47 C.F. the "first community." P	ity (including unincorporated communities R. §76.5(dd). The first community that you I lease use it as the first community on all fut	within unincorporated ist will serve as a form ure filings.	D Area Served
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
Springfield	VT	Sirr Sirr Switz	OIALE	4
Clarendon	VT			▼ First     Community
Danby	VT	- 4		Community
Dorset	VT			
Grafton	VT			
Hartland	VT			
lra	. <u>VT</u>			
Killington	VT			
Middletown Springs Mount Tabor	VT VT			
Pawlet	VT	-		
Plymouth	VT			_
Rockingham	VT			
Rupert	vτ			
Saxtons River	VT			
Shrewsbury	VT			
Tinmouth	VT			
Townshend	VT			
Wallingford	VT			
Weathersfield	VT			fi .
Wells	VT			
West Windsor	VT .			
Westminster	VT			
Windham	. <u>VT</u>			
Woodstock	.VT			
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vermont Telephone Company, Inc.

63489

## E

Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK	1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:  •Service to first set	3,505	\$18.00				
<ul><li>Service to additional set(s)</li><li>FM radio (if separate rate)</li></ul>						
Motel, hotel Commercial	69	\$9.83				
Converter • Residential						
<ul> <li>Nonresidential</li> </ul>						

# F

Services
Other Than
Secondary
Transmissions:
Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1	BLOCK 2
CATEGORY OF SERVICE RATE CATEGORY OF S	RVICE RATE CATEGORY OF SERVICE RATE
Continuing Services: Per Month \$23.10 Notel, hotel	residential er 15 mins \$20.00 \$20.22 channel \$20.39 n \$0.00 \$0.00 \$20.00 (per 15min)

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Vermont Telephone Company,	Inc.

63489

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 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 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.

**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 "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

**Column 2:** Give the channel number the FCC 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.

**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 (iv) of the general instructions.

Column 4: 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.

	T			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
			See Attachment A	
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G

Primary
Transmitters:
Television

								FORM SA1-2. PAGE 4
Name	Vermont Te							63489
Primary Transmitters: Radio	all-band basi  Special Instr receivable if ( the basis of m detailed infor Column 1: Column 2: Column 3: signal, indica Column 4:	uctions Con 1) it is carried nonitoring, to mation about Identify the State wheth If the radio te this by plate Give the state	dio stanals we neernal by the be real to call siner the station acing a ation's	standio ation carried on a separate a ere generally receivable by y ing All-Band FM Carriage: the e system whenever it is rece ceived at the headend, with the Copyright Office regulati gn of each station carried. e station is AM or FM. h's signal was electronically a check mark in the "S/D" co location (the community to if any, the community with w	your cable syst Under Copyrightived at the system's FN ons on this point processed by polumn. Which the stat	em during that Office reguem's header of antenna, dint, see page the cable systion is licens.	ne accordant and; an uring of (iv) of stemmed by	is, an FM signal is generally d (2) it can be expected, on certain stated intervals. For f the general instructions.
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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ORIVI SAT-2. PAGE 5.				701			
Vermont Telephone Compar					63489		Name
SUBSTITUTE CARRIAGE: In General: In space I, identify system carried on a substitute b tions, or authorizations. For a fu the general instructions.	every no pasis durin	nnetwork televing the accounti	<i>ision program</i> , broadca	st by a <i>dis</i> c present a	nd former FCC ru	les, regula-	Substitute Carriage:
<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>Yes No</li> <li>Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.</li> </ul>							Special Statement and Program Log
2. LOG OF SUBSTITUTE PRO In General: List each substitut clear. If you need more space, I Column 1: Give the title of e period, was broadcast by a dista under certain FCC rules, regula Do not use general categories I "NBA Basketball: 76ers vs. Bull Column 2: If the program wa Column 3: Give the call sign Column 4: Give the broadca the case of Mexican or Canadia Column 5: Give the month ar first. Example: for May 7, give " Column 6: State the times w to the nearest five minutes. Exar as "6:00-6:30 p.m." Column 7: Enter the letter "F to delete under FCC rules and re	e program olease attavery nonnant stations, or a like "movies." as broadca of the station and stations and day who sold the station and the station and the station of the stations of the sta	ach additional petwork television and that your cauthorizations. es" or "baskett ast live, enter "ation broadcast 's location (the s, if any, the colen your system ubstitute program carried lated program we in effect during	pages. on program ("substitute cable system substitute see page (v) of the gen ball." List specific programs." Otherwise, enter ing the substitute programmunity to which the manuality with which the carried the substitute parm was carried by your by a system from 6:01:1 as substituted for programs the accounting period;	e program", d for the program titles, for the program titles, for the station is estation is program. Uncable systems of p.m. to 6 framming the enter the left of the program to the program of the enter the left of the program to the program of the enter the left of the program	that, during the ogramming of anotions for further in the creample, "I Low selicensed by the identified), se numerals, with the List the times 128:30 p.m. should at your system wetter "P" if the lister the system we system we the system we system	accounting ther station of formation. We Lucy" or FCC or, in the month accurately does stated as required end program	
was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  SUBSTITUTE PROGRAM  WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON						ns in effect	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vermont Telephone Company, Inc.	63489
V		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system' (as identified in space E) during the accounting period. For a further explanation of P page (vi) of the general instructions.  • Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	s secondary transmission service now to compute this amount, see \$ 467,957.33
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but I  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I  See page (vi) of the general instructions for more information.	less than or equal to \$263,800 less than \$527,600
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo accounting period is \$52.00	u must pay for this six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 · · · · · · · · · · · · · · · · · ·	<u>\$</u>
	Line 3. Filing Fee	\$ 15.00
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.	
	Add lines 1, 2 and 3	\$
e °	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	n \$137,100)
	1. Base amount under statutory formula · · · · · · · · · · · · · · · · · · ·	\$263,800
	2. Enter amount of gross receipts from space K	
э .	3. Subtract line 2 from line 1 \$	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	× 0
	7. Multiply line 6 by .005 (enter figure here)	
	Interest charge. Enter the amount from line 4, space Q, page 8	0.00
*		\$ 20.00
×	9. Filing Fee	, , , , , , , , , , , , , , , , , , ,
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.  Add lines 7, 8 and 9	\$
	Add iii es 7, 0 and 3	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less that	ın \$527,600)
	1. Enter the amount of gross receipts from space K	,957.33
	X	263,800
* .		,157.33
	4. Multiply line 3 by .01.	\$2,041.57
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$ 1,319
. *	6. Interest Charge. Enter the amount from line 4, space Q, page 8	<u> </u>
	7. Filing Fee.	\$ 20.00
		,
e	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7	\$ 3,380.57
a fe	IMPORTANT: Your remittance must be in the form of an electronic payment payable to Regis	ster of Copyrights. See page i of the

LEGAL NAME OF OWNER OF CABLE SYSTEM:	Name				
Vermont Telephone Company, Inc. 63489					
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	M Channels				
Enter the total number of channels on which the cable system carried television broadcast stations.      36					
Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.      325					
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N				
Name Gordon Mathews Telephone 802-885-7712  (Area code)	Individual to Be Contacted for Further				
Address 354 River Street (Number, street, rural route, apartment, or suite number)	Information				
Springfield, VT 05156 (City, town, state, zip)					
Email (optional) gmathews@vermontel.com Fax (optional) 802-885-4003					
<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	. 0				
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 identified in line 1 of space B; or					
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or					
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.					
<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [See 18 U.S.C. sec.1001]</li> </ul>	¥				
Handwritten signature:					
Typed or printed name: Gordon Mathews					
Title: Assistant Secretary, VP Legal & Regulatory Affairs  (Title of official position held in corporation or partnership)	· · · · · · · · · · · · · · · · · · ·				
Date: 2/28/2020	* E				

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		FORIVI SAT-2, FAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vermont Telephone Company, Inc.	63489						
	vermone receptions company, me.	00403						
Special Statement Concerning Gross Receipts Exclusions	SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, s lowing sentence:  "In determining the total number of subscribers and the service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receivi	ection 111(d)(1)(A) of the Copyright Act by adding the fol- gross amounts paid to the cable system for the basic roadcast transmitters, the system shall not include sub- ng secondary transmissions pursuant to section 119." ee the note on page (vi) of the general instructions.						
	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?							
	YES. Enter the total here and list the satellite carrier(s) b	elow \$						
	Name Mailing address							
Q Interest Assessment	INTEREST ASSESSMENT  You must complete this worksheet for those royalty payment For an explanation of interest assessment, see page (vii) of Line 1. Enter the amount of late payment or underpayment	the general instructions.						
	Line 2. Multiply line 1 by the interest rate* and enter the sun	x —%  n here						
. '	Line 3. Multiply line 2 by the number of days late and enter	the sum here						
		x .00274						
à l	Line 4, Multiply line 3 by .00274** and enter here and in spa line 2, or block 2, line 8, or block 3, line 6	<b>\$</b>						
a e	* To view the interest rate chart click on www.copyright.go contact the Licensing Division at (202) 707-8150 or <i>licens</i>	•						
es a s	**This is the decimal equivalent of 1/365, which is the inter	rest assessment for one day late.						
	<b>Note:</b> If you are filing this worksheet covering a statement of list below the owner, address, first community served, ID number 1.	account already submitted to the Copyright Office, please mber, and accounting period as given in the original filing.						
	Owner							
	Address							
	ID number							
2	First community served							
	/www.iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii							

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## Attachment A

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WETK	32	E	BURLINGTON, VT
WETK-2	32.2	E-M	BURLINGTON, VT
WETK-3	32.3	E-M	BURLINGTON, VT
WETK-4	32.4	E-M	BURLINGTON, VT
WETK-SIMUL	32	E	BURLINGTON, VT
WETK-2 SIMUL	32.2	E-M	BURLINGTON, VT
WCAX	20	N	BURLINGTON, VT
WCAX-2	20.2	N-M	BURLIGNTON, VT
WCAX-SIMUL	20	N	BURLINGTON, VT
WPTZ	14	N	PLATTSBURG, NY
WPTZ-2	14.2	N-M	PLATTSBURG, NY
WPTZ-3	14.3	N-M	PLATTSBURG, NY
WPTZ-SIMUL	14	N	PLATTSBURG, NY
WFFF	43	N	BURLINGTON, VT
WFFF-2	43.2	N-M	BURLINGTON, VT
WFFF-3	43.3	N-M	BURLINGTON, VT
WFFF SIMUL	43	N	BURLIGNTON, VT
WVNY	13	N	BURLINGTON, VT
WVNY-2	13.2	N-M	BURLINGTON, VT
WVNY-3	13.3	N-M	BURLINGTON, VT
WVNY-SIMUL	13	N	BURLINGTON, VT
WCVB	33	N	BOSTON, MA
WCVB-SIMUL	33	N	BOSTON, MA
WBTS	32.3	N-M	BOSTON, MA
WFXT	34	N	BOSTON, MA
WFXT-2	34.2	N-M	BOSTON, MA
WFXT-3	34.3	N-M	BOSTON, MA
WFXT SIMUL	34	N	BOSTON, MA
WGBH -	32	E	BOSTON, NMA
WGBH SIMUL	32	E	BOSTON, MA
WGBX	32	E, ,	BOSTON, MA
WGBX SIMUL	32	E	BOSTON, MA
WNEU	29	N	BOSTON, MA
WCAX-3	20.3	N-M	BURLINGTON, VT
WCAX-4	20.4	N-M	BURLINGTON, VT
WFFF-4	44.4	N-M	BURLINGTON, VT