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				
00/40/2020	\$ ALLOCATION NUMBER				
09/16/2020					

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	2020/1							
Period								
Bowner	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 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.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	CMN-RUS, INC.							
				06263420201				
				062634 2020/1				
				2020/				
	8837 BOND STREET							
	OVERLAND PARK, KS 66214							
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of							
System	IDENTIFICATION OF CABLE SYSTEM:	, , ,						
Oystem	1							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	орущиниципинания							
	(City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b				
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First	GREENCASTLE	IN						
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	Α	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.

ACCOUNTING PERIOD: 2020/1 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 5 IN WABASH ΑE See instructions for **NORTH MANCHESTER** IN ΑF 6 additional information on alphabetization. HUNTINGTON IN AG **CONNERSVILLE** IN 8 AΗ IN 9 **NEW CASTLE** ΑI 10 IN LENBANON ΑJ Add rows as necessary. **FRANKLIN** IN ΑK 11 **LAFAYETTE** IN AL 12 CRAWFORDSVILLE IN **AM** 13 IN AN WESTFIELD 14 **GREENWOOD** 11 IN AK **PLAINFIELD** IL 15 AO **BLOOMINGTON** IL AP 16 IN 14 **FISHERS** AN **OSWEGO** IL 17 AQ ROMEOVILLE IL AO 15 18 IL **BATAVIA** AR **NORTH AURORA** 18 IL AR ΙL 18 **SOUTH ELGIN AR** ST CHARLES IL AR 18 IL 18 SUGAR GROVE AR IL **GENEVA** 18 AR **DEKALB** IL AS 19 ΙL 19 **SYCAMORE** AS **LEXINGTON** KY AT 20 14 SOUTH INDIANAPOLIS IN AN IL 17 **PLANO** AQ IL YORKVILLE AQ 17 SANDWICH IL 17 AQ **DAVENPORT** 21 IA AU 22 ROCHESTER MN A۷ **BETTENDORF** IA ΑU 21 **VERSAILLES** KY AΤ 20

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#

062634

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.

BL	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:							
 Service to first set 	38,348	\$	10.00	Lifeline Service	42	\$	10.00
 Service to additional set(s) 				Preferred Digital	11,763	\$	18.95
 FM radio (if separate rate) 				HD Elite	1,037	\$	6.95
Motel, hotel				HD Standard Service	19,240	\$	9.95
Commercial	771	\$	10.00	HD Preferred Service	11,763	\$	9.95
Converter							
 Residential 	9,447	\$	4.95				
 Non-residential 	1,222	\$	4.95				
		T				T	

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 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				

					OVOTERLIDA	
LEGAL NAME OF OWN		/STEM:			SYSTEM ID# 062634	Namo
CMN-RUS, INC.					062634	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect or i.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 4), or 76.63 (d 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 cain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc FC				s carried by your	sable system on a substitute program	relevision
 Do not list the station station was carried List the station here, 	here in space only on a subs and also in spa	G—but do lis titute basis. ace I, if the sta	t it in space I (thation was carried	d both on a substi	ent and Program Log)—if the tute basis and also on some other	
in the paper SA3 for	rm.	-			of the general instructions located es such as HBO, ESPN, etc. Identify	
		-			ation. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	t be reported in	column 1 (list eac	h stream separately; for example	
Column 2: Give the			•		ion for broadcasting over-the-air in	
its community of licens on which your cable sy	•		annel 4 in Wash	nington, D.C. This	may be different from the channel	
Column 3: Indicate	in each case v	whether the s			ependent station, or a noncommercial	
•	-	•	,		cast), "I" (for independent), "I-M" commercial educational multicast).	
For the meaning of the	se terms, see	page (v) of th	e general instru	ctions located in t	he paper SA3 form.	
planation of local servi			•	,	es". If not, enter "No". For an ex- e paper SA3 form.	
Column 5: If you ha	ave entered "Y	es" in column	4, you must cor	mplete column 5,	stating the basis on which your	
cable system carried th carried the distant stati		•	٠.	•	tering "LAC" if your cable system capacity.	
	ion of a distant	multicast stre		subject to a royalt	y payment because it is the subject	
of a written agreement	ion of a distant entered into o	multicast stren n or before Ju	une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing	
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Α	ACC	COUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting		2020/1	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)					
Period								

			_							
	INSTR	UCTIONS:								
В	Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full									
Owner	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 ther	e were different owners during the accounting period, only the owner on the last day of the accounting period should submit								
	a sing	le statement of account and royalty fee payment covering the entire accounting period.	BARCODE DATA							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 062634	Filing Period							
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	062							
		CMN-RUS, INC.								
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):								
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:								
	8837 BOND STREET									
		(Number, street, rural route, apartment, or suite number)								
		OVERLAND PARK, KS 66214								
		(City, town, state, zip)								
	INSTR	JCTIONS: 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.								
С										
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	Number, street, rural route, apartment, or suite number)	<mark></mark>							
	_									
		(City, town, state, zip code)								

1	BLO	CK 1		-		
Е	BLO	NO OF	1	T		
-	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Secondary	Residential:	SUBSCRIBERS	NATE	†		
Transmission	Service to first set	38,348	10.00			
Service: Sub-	Service to additional set(s)		10.00			
scribers and	FM radio (if separate rate)					
Rates	Motel, hotel		····	}		
Rates	Commercial	774	10.00			
		771	10.00			
	Converter					
	Residential	9,447	4.95			
	 Non-residential 	1,222	4.95			
			BLOCK 1			1
	04TE00DW 05 05DW05			050,405	DATE	
F	CATEGORY OF SERVICE	RATE	CATEGORY OF		RATE	-
г	Continuing Services:		Installation: No			
	Pay cable			Motel, hotel		
Services	Pay cable—add'l channel	-		Commercial		
Other Than	• Fire protection	-		• Pay cable	-	
Secondary	*Burglar protection	-		Pay cable-add'l channel	-	
Transmissions:	Installation: Residential			Fire protection	-	
Rates	First set			Burglar protection	-	
	 Additional set(s) 	-	Other services	:		
	 FM radio (if separate rate) 	-		Reconnect	-	
	Converter	-		Disconnect	-	
				 Outlet relocation 	-	
				 Move to new address 	-	
	Enter the total number of cha system carried television broa					58
	Enter the total number of action which the cable system car and nonbroadcast services	ried television broa	adcast stations			300
N Individual to	on which the cable system car	ried television broa			ndividual	300
Individual to	on which the cable system car and nonbroadcast services	ried television broa			ndividual	300
Individual to Be Contacted for Further	on which the cable system car and nonbroadcast services	ried television broad	NFORMATION	I IS NEEDED (Identify an in		300 913-794-3121
Individual to	on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater	ED IF FURTHER I nent of account.) ED CORR 8837 BOND \$	NFORMATION	I IS NEEDED (Identify an in	Telephone	
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Individual to Be Contacted for Further Information	on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	ED IF FURTHER I nent of account.) ED CORR 8837 BOND 3 (Num OVERLAND (City.	STREET Ber, street, rural in PARK, KS. 6 town, state, zip) e certifed and s an electronic " signature box Typed or prin	I IS NEEDED (Identify an in oute, apartment, or suite nume 6214 ligned in accordance with 0 fs/s* signature (e.g., /s/Johr in Space O of tab "page 8 atted name:	Fax (optional) Fax (optional) Copyright Office regularity. Do not for space M-O".	913-794-3121

U.S. Copyright Office

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Subgroup Gross Receipts Total

\$ 6,082,648.64

Subgroup		Subgroup/Community Name	Gross Receipts
FIRST	1	GREENCASTLE \$	162,702.08
SECOND	2	SEYMOUR/NORTH VERNON \$	489,321.54
THIRD	3	VINCENNES \$	227,291.52
FOURTH	4	MADISON \$	
FIFTH	5	WABASH \$	168,475.33
SIXTH	6	NORTH MANCHESTER \$	58,321.24
SEVENTH	7	HUNTINGTON \$ CONNERSVILLE \$	191,890.74
EIGHTH	8		
NINTH	9	NEW CASTLE \$	198,815.45
TENTH	10	LEBANON \$	177,927.56
ELEVENTH	11	FRANKLIN/GREENWOOD \$	
TWELVTH	12	LAFAYETTE \$	775,977.95
THIRTEENTH	13	CRAWFORDSVILLE \$	238,782.64
FOURTEENTH	14	WESTFIELD/FISHERS/CARMEL/ZIONSVILLE/: \$	626,721.74
FIFTEENTH	15	PLAINFIELD/ROMEOVILLE \$	130,805.89
SIXTEENTH	16	BLOOMINGTON \$	328,563.97
SEVENTEENTH	17	OSWEGO/PLANO/YORKVILLE \$	153,965.16
EIGHTEENTH	18	BATAVIA/GENEVA/N AURORA/S ELGIN/ST (\$	242,953.59
NINTEENTH	19	DEKALB/SYCAMORE \$	117,743.25
TWENTIETH	20	LEXINGTON/VERSAILLES \$	
TWENTY-FIRST	21	DAVENPORT/BETTENDORF \$	
TWENTY-SECOND	22	ROCHESTER \$	74,688.60
TWENTY-THIRD	23		
TWENTY-FOURTH	24		
TWENTY-FIFTH	25		
TWENTY-SIXTH	26		
TWENTY-SEVENTH	27		
TWENTY-EIGHTH	28		
TWENTY-NINTH	29		
THIRTIETH	30		
THIRTY-FIRST	31		
THIRTY-SECOND	32		
THIRTY-THIRD	33		
THIRTY-FOURTH	34		
THIRTY-FIFTH	35		
THIRTY-SIXTH	36		
THIRTY-SEVENTH	37		
THIRTY-EIGHTH	38		
THIRTY-NINTH	39		
FORTIETH	40		

	2. B'cast				Space G
	Channel	3. Type of			Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
WANE	31	N	Fort Wayne, Indiana	0.250	0
WANE-Antenna					
TV	15.2	I-M	Fort Wayne, Indiana	1.000	0
WANE-HD/DT					
(Simulcast)	15.1	N-M	Fort Wayne, Indiana	0.250	E
WAOE	39	1	Bloomington, Illinois	1.000	0
WAVE	47	N	Louisville, Kentucky	0.250	0
WAVE-Bounce					
TV	3.2	I-M	Louisville, Kentucky	1.000	0
WAVE-GRIT	3.3	I-M	Louisville, Kentucky	1.000	0
WAVE-HD/DT					
(Simulcast)	3.1	N-M	Louisville, Kentucky	0.250	E
WAWV	39	N	Terre Haute Indiana	0.250	0
WAWV-HD/DT					
(Simulcast)	39.1	N-M	Terre Haute Indiana	0.250	E
WBBM	12	N	Chicago, Illinois	0.250	0
WBBM-HD/DT					
(Simulcast)	2.1	N-M	Chicago, Illinois	0.250	E
WBKI	19	1	Campbellsville, Kentucky	1.000	0
WBKI-HD/DT					
(Simulcast)	34.1	I-M	Campbellsville, Kentucky	1.000	E
WBNA	8	1	Louisville, Kentucky	1.000	0
WCLJ	42	1	Bloomington, Indiana	1.000	0
WCPO	22	N	Cincinnati, Ohio	0.250	0
WCPO-HD/DT					
(Simulcast)	9.1	N-M	Cincinnati, Ohio	0.250	E
WCPX-HD/DT	38.1	1	Chicago, Illinois	1.000	0
WDRB	49	1	Louisville, Kentucky	1.000	0
WDRB-HD/DT					
(Simulcast)	41.1	I-M	Louisville, Kentucky	1.000	E
WEEK-ABC	25.2	N-M	Bloomington, Illinois	0.250	0
WEEK-CW HD	25.3	I-M	Bloomington, Illinois	1.000	0
WEEK-HD/DT	25.1	N	Bloomington, Illinois	0.250	0
WFFT	36	I	Fort Wayne, Indiana	1.000	0
WFFT-HD/DT					
(simulcast)	55.1	I-M	Fort Wayne, Indiana	1.000	E
WFLD-HD/DT	32.1	I	Chicago, Illinois	1.000	0
WFWA	40	E	Fort Wayne, Indiana	0.250	0
WFWA-4you	39.4	E	Fort Wayne, Indiana	0.250	0
\A/\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20.2	F	Fort Mayno Indiana	0.350	0
WFWA-Create	39.3	E	Fort Wayne, Indiana	0.250	0
WFWA-HD/DT					
(Simulcast	39.1	E-M	Fort Wayne, Indiana	0.250	E
WFWA-Kids	39.2	E-M	Fort Wayne, Indiana	0.250	0

4.0.110	2. B'cast Channel	3. Type of		D05	Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
WFYI Create	21	E	Indianapolis, Indiana	0.250	0
WFYI-Create WFYI-HD/DT	20.3	E-M	Indianapolis, Indiana	0.250	0
(Simulcast)	20.1	E-M	Indianapolis, Indiana	0.250	Е
WFYI-Kids	20.2	E-M	Indianapolis, Indiana	0.250	0
WHAS	11	N	Louisville, Kentucky	0.250	0
WHAS-HD/DT					
(Simulcast)	11.1	N-M	Louisville, Kentucky	0.250	E
WHAS-Justice					
Network	11.2	I-M	Louisville, Kentucky	1.000	0
WHAS-Weather					
Radar	11.3	N-M	Louisville, Kentucky	0.250	0
WHMB	20	1	Indianapolis, Indiana	1.000	0
WHMB-World Harvest					
Television	40.2	I-M	Indianapolis, Indiana	1.000	0
WILL	9	E	Urbana, Illinois	0.250	0
WIPB	23	E	Muncie, Indiana	0.250	0
WIPB -		_	manere, maiana	0.230	Ü
Weather	49.3	I-M	Muncie, Indiana	1.000	0
WIPB-Create	49.2	E-M	Muncie, Indiana	0.250	0
WIPB-HD/DT			,		
(Simulcast)	49.1	E-M	Muncie, Indiana	0.250	Е
WIPB-Weather	49.3	E-M	Muncie, Indiana	0.250	0
WIPX	27		Bloomington, Indiana	1.000	0
WIPX-HD/DT	27	'	bloomington, malana	1.000	Ü
(Simulcast)	63.1	I-M	Bloomington, Indiana	1.000	Е
WIPX-Ion Life	63.3	I-M	Bloomington, Indiana	1.000	0
WIPX-Qubo	63.2	I-M	Bloomington, Indiana	1.000	0
WISE	18	1	Fort Wayne, Indiana	1.000	0
WISE - MyTV	33.2	I-M	Fort Wayne, Indiana	1.000	0
WISE-HD/DT					
(Simulcast)	33.1	I-M	Fort Wayne, Indiana	1.000	E
WISH	9	<u> </u>	Indianapolis, Indiana	1.000	0
WISH-getTV WISH-HD/DT	8.2	I-M	Indianapolis, Indiana	1.000	0
(simulcast)	8.1	I-M	Indianapolis, Indiana	1.000	E
WISH-Justice	8.3	I-M	Indianapolis, Indiana	1.000	0
WKPC	17	Е	Lexington, Kentucky	0.250	0
WLFI	11	N	West Layfatyette, Indiana	0.250	0
WLFI-GetTV	18.2	I-M	West Layfatyette, Indiana	1.000	0
WLFI-HD/DT					
(Simulcast)	18.1	N-M	West Layfatyette, Indiana	0.250	E
WLKY	26	N	Louisville, Kentucky	0.250	0

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
WLKY-HD/DT					
(Simulcast)	32.1	N-M	Louisville, Kentucky	0.250	E
WLKY-ME TV	32.2	I-M	Louisville, Kentucky	1.000	0
WLS	44	N	Chicago, Illinois	0.250	0
WLS-HD/DT					
(Simulcast)	7.1	N-M	Chicago, Illinois	0.250	E
WLWT	35	N	Cincinnati, Ohio	0.250	0
WLWT-HD/DT					
(Simulcast)	5.1	N-M	Cincinnati, Ohio	0.250	E
WMAQ-COZI					
TV	5.2	I-M	Chicago, Illinois	1.000	0
WMAQ-HD/DT	5.1	N	Chicago, Illinois	0.250	0
WMBD	30	N	Bloomington, Illinois	0.250	0
WMBD-Bounce	31.2	I-M	Bloomington, Illinois	1.000	0
WMYO	51.2		Salem, Indiana	1.000	0
WIVIIO	31	'	Salem, malana	1.000	O
WMYO-HD/DT					
(Simulcast)	58.1	I-M	Salem, Indiana	1.000	Е
WNDY	32	ı	Marion, Indiana	1.000	0
WNDY-Bounce					
TV	23.2	I-M	Marion, Indiana	1.000	0
WNDY-HD/DT			·		
(Simulcast)	23.1	I-M	Marion, Indiana	1.000	Е
WPBI-LD	16.1	1	Lafayette, Indiana	1.000	0
WPTA	24	N	Fort Wayne, Indiana	0.250	0
WPTA-DT2	21.2	N-M	Fort Wayne, Indiana	0.250	0
WPTA-DT3	21.3	I-M	Fort Wayne, Indiana	1.000	0
WPTA-HD/DT			•		
(Simulcast)	21.1	N-M	Fort Wayne, Indiana	0.250	Е
WPWR-Buzzr	50.4	I-M	Gary, Indiana	1.000	0
WPWR-CW	51	1	Gary, Indiana	1.000	0
WPWR-Movies!	50.2	I-M	Gary, Indiana	1.000	0
WRTV	25	N	Indianapolis, Indiana	0.250	0
WRTV-Grit	6.2	I-M	Indianapolis, Indiana	1.000	0
WRTV-HD/DT					
(Simulcast)	6.1	N-M	Indianapolis, Indiana	0.250	Е
WRTV-Laff	6.3	I-M	Indianapolis, Indiana	1.000	0
WTHI-CBS	10	N	Terre Haute Indiana	0.250	0
WTHI-HD/DT					
(Simulcast)	10.1	N-M	Terre Haute Indiana	0.250	Ε
WTHI-My Fox	10.2	1	Terre Haute Indiana	1.000	0
WTHR	13	N	Indianapolis, Indiana	0.250	0
WTHR-Cozi TV	13.2	I-M	Indianapolis, Indiana	1.000	0

	2. B'cast				Space G
	Channel	3. Type of	:		Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
WTHR-HD/DT					
(Simulcast)	13.1	N-M	Indianapolis, Indiana	0.250	Ε
WTHR-Me-TV	13.3	I-M	Indianapolis, Indiana	1.000	0
WTIU	14	Е	Bloomington, Indiana	0.250	0
WTIU-HD/DT					
(Simulcast)	30.1	E-M	Bloomington, Indiana	0.250	Е
WTTV	48	N	Bloomington, Indiana	0.250	0
WTTV - CW	4.2	I-M	Bloomington, Indiana	1.000	0
WTTV-HD/DT					
(Simulcast)	4.1	N-M	Bloomington, Indiana	0.250	Е
WTTW-HD/DT	11.1	Е	Chicago, Illinois	0.250	0
WTVP	46	Е	Peoria, Illinois	0.250	0
WTVP-					
Create/World	47.3	E-M	Peoria, Illinois	0.250	0
WTVW	28	1	Evansville, Indiana	1.000	0
WTVW-HD/DT					
(Simulcast)	7.1	I-M	Evansville, Indiana	1.000	Ε
WTWO	36	N	Terre Haute Indiana	0.250	0
WTWO-HD/DT					
(simulcast)	36.1	N-M	Terre Haute Indiana	0.250	Ε
WVUT	22	Е	Vincennes, Indiana	0.250	0
WVUT-HD/DT					
(Simulcast)	22.1	E-M	Vincennes, Indiana	0.250	E
WXIN	45	1	Indianapolis, Indiana	1.000	0
WXIN-Antenna					
TV	59.2	I-M	Indianapolis, Indiana	1.000	0
WXIN-HD/DT					
(Simulcast)	59.1	I-M	Indianapolis, Indiana	1.000	Е
WXIN-This TV	59.3	I-M	Indianapolis, Indiana	1.000	0
WYZZ	28	1	Bloomington, Illinois	1.000	0
WYZZ-Get TV	43.3	I-M	Bloomington, Illinois	1.000	0
WYIN-HD/DT	56.1	E-M	Gary, Indiana	0.250	0
WYIN-NHK					
World	56.2	E-M	Gary, Indiana	0.250	0
WSNS-HD/DT	44.1	I-M	Chicago, Illinois	1.000	0
WSNS-T-Xitos	44.2	I-M	Chicago, Illinois	1.000	0
WFLD-Movies!	32.3	I-M	Chicago, Illinois	1.000	0
WFLD-Buzzr	32.4	I-M	Chicago, Illinois	1.000	0
WKLE-HD/DT	46	Е	Lexington, Kentucky	0.250	0
WDKY-HD/DT	56.1	1	Danville, KY	1.000	0
WDKY-Comet	56.2	I-M	Danville, KY	1.000	0
WDKY-Charge!	56.3	I-M	Danville, KY	1.000	0
WDKY-TBD	56.4	I-M	Danville, KY	1.000	0

1. Call SignNumberStation6. Location of StationDSECarriageWKYT-HD/DT27.1NLexington, Kentucky0.250OWKYT-CW27.2I-MLexington, Kentucky1.000OWKYT-LocalRadar27.3I-MLexington, Kentucky1.000OWLEX-HD/DT18.1NLexington, Kentucky0.250O	Space G Basis of			3. Type of	2. B'cast Channel	
WKYT-HD/DT 27.1 N Lexington, Kentucky 0.250 O WKYT-CW 27.2 I-M Lexington, Kentucky 1.000 O WKYT-Local Radar 27.3 I-M Lexington, Kentucky 1.000 O WLEX-HD/DT 18.1 N Lexington, Kentucky 0.250 O		DSE				1. Call Sign
WKYT-CW 27.2 I-M Lexington, Kentucky 1.000 O WKYT-Local Radar 27.3 I-M Lexington, Kentucky 1.000 O WLEX-HD/DT 18.1 N Lexington, Kentucky 0.250 O	_	0.250	Lexington, Kentucky	N	27.1	
Radar 27.3 I-M Lexington, Kentucky 1.000 O WLEX-HD/DT 18.1 N Lexington, Kentucky 0.250 O		1.000		I-M	27.2	WKYT-CW
WLEX-HD/DT 18.1 N Lexington, Kentucky 0.250 O			,			WKYT-Local
	0	1.000	Lexington, Kentucky	I-M	27.3	Radar
WLEX-MeTV 18.2 I-M Lexington, Kentucky 1.000 O	0	0.250	Lexington, Kentucky	N	18.1	WLEX-HD/DT
	0	1.000	Lexington, Kentucky	I-M	18.2	WLEX-MeTV
WLEX-Bounce 18.3 I-M Lexington, Kentucky 1.000 O	0	1.000	Lexington, Kentucky	I-M	18.3	WLEX-Bounce
WTVQ-HD/DT 36.1 N Lexington, Kentucky 0.250 O	0	0.250	Lexington, Kentucky	N	36.1	WTVQ-HD/DT
WTVQ-My						WTVQ-My
Network 36.2 I-M Lexington, Kentucky 1.000 O	0	1.000	Lexington, Kentucky	I-M	36.2	Network
WTVQ-Justice 36.3 I-M Lexington, Kentucky 1.000 O		1.000	Louington Kontuolu	1.04	26.2	M/TMO lustice
			•			-
WTVQ-Laff 36.4 I-M Lexington, Kentucky 1.000 O	, 0	1.000	Lexington, Kentucky	I-IVI	30.4	WTVQ-Laii
WTVQ-Escape 36.5 I-M Lexington, Kentucky 1.000 O	0	1.000	Lexington, Kentucky	I-M	36.5	WTVQ-Escape
WTVQ-Quest 36.6 I-M Lexington, Kentucky 1.000 O) O	1.000	Lexington, Kentucky	I-M	36.6	WTVQ-Quest
WTVQ-Grit 36.7 I-M Lexington, Kentucky 1.000 O) O	1.000	Lexington, Kentucky	I-M	36.7	WTVQ-Grit
WUPX-Ion 67.1 I Richmond, KY 1.000 O) O	1.000	Richmond, KY	1	67.1	WUPX-Ion
WUPX-Qubo 67.2 I-M Richmond, KY 1.000 O) 0	1.000	Richmond, KY	I-M	67.2	WUPX-Qubo
WUPX-Ion Life 67.3 I-M Richmond, KY 1.000 O	0	1 000	Richmond KV	I_N/I	67.3	W/LIPY-lon Life
WBBM-	, 0	1.000	Memiora, Ki	1 171	07.5	
Decades 2.2 I-M Chicago, Illinois 1.000 O) O	1.000	Chicago, Illinois	I-M	2.2	Decades
WLS-LivWell 7.2 I-M Chicago, Illinois 1.000 O) O	1.000	Chicago, Illinois	I-M	7.2	WLS-LivWell
KGCW-DT 26.1 I Burlington, IA 1.000 O	0	1.000	Burlington, IA	I	26.1	KGCW-DT
KGCW-This TV 26.2 I-M Burlington, IA 1.000 O) 0	1,000	Burlington, IA	I-M	26.2	KGCW-This TV
KGCW-Laff 26.3 I-M Burlington, IA 1.000 O			•			
KGCW-Bounce					_0.0	
TV 26.4 I-M Burlington, IA 1.000 O) O	1.000	Burlington, IA	I-M	26.4	TV
KIIN-HD/DT 12.1 E Iowa City, IA 0.250 E) E	0.250	Iowa City, IA	Е	12.1	KIIN-HD/DT
KIIN-PBS Kids 12.2 E-M Iowa City, IA 0.250 E) E	0.250	Iowa City, IA	E-M	12.2	KIIN-PBS Kids
KIIN-World 12.3 E-M Iowa City, IA 0.250 E) E	0.250	Iowa City, IA	E-M	12.3	KIIN-World
KIIN-Create 12.4 E-M Iowa City, IA 0.250 E) E	0.250	Iowa City, IA	E-M	12.4	KIIN-Create
KLJB-HD/DT 18.1 I Davenport, IA 1.000 O) 0	1.000	Davenport, IA	1	18.1	KLJB-HD/DT
KLJB-Me TV 18.2 I-M Davenport, IA 1.000 O) 0	1.000	Davenport, IA			KLJB-Me TV
KWQC-HD/DT 6.1 N Davenport, IA 0.250 O			•			-
KWQC-ION 6.2 I-M Davenport, IA 1.000 O	0	1.000	Davenport, IA	I-M	6.2	KWQC-ION
KWQC-Cozi TV 6.3 I-M Davenport, IA 1.000 O	0	1.000	Davenport, IA	I-M	6.3	KWQC-Cozi TV
KWQC-H&I 6.4 I-M Davenport, IA 1.000 O	0	1.000	·	I-M	6.4	KWQC-H&I
WHBF-HD/DT 4.1 N Rock Island, IL 0.250 O		0.250	•	N		
WHBF-Grit 4.3 I-M Rock Island, IL 1.000 O			•	I-M	4.3	•
WHBF-Court TV						WHBF-Court TV
Mystery 4.4 I-M Rock Island, IL 1.000 O	0	1.000	Rock Island, IL	I-M	4.4	
WQAD-HD/DT 8.1 N Moline, IL 0.250 O	0	0.250	Moline, IL	N	8.1	WQAD-HD/DT

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
WQAD-	0.0			4 000	•
Antenna TV WQAD-	8.2	I-M	Moline, IL	1.000	0
MyNetwork	8.3	I-M	Moline, IL	1.000	0
WQAD-Justice					
Network	8.4	I-M	Moline, IL	1.000	0
WQPT-HD/DT	24.1	E	Moline, IL	0.250	E
WQPT-				0.20	_
Worldview	24.2	E-M	Moline, IL	0.250	0
KAAL-HD/DT	6.1	N	Austin, MN	0.250	0
KAAL-This TV	6.2	I-M	Austin, MN	1.000	0
KIMT-HD/DT	3.1	N	Mason City, IA	0.250	0
KIMT-					
MyNetwork TV	3.2	I-M	Mason City, IA	1.000	0
KIMT-ION	3.3	I-M	Mason City, IA	1.000	O
KIMT-Antenna	3.4	I-M	Mason City, IA	1.000	0
KSMQ-HD/DT	15.1	Е	Austin, MN	0.250	Е
KSMQ-					
Worldview	15.2	E-M	Austin, MN	0.250	E
KSMQ-Create KSMQ-MN	15.3	E-M	Austin, MN	0.250	Е
Channel	15.4	E-M	Austin, MN	0.250	Е
KTTC-HD/DT	10.1	N E-IVI	Rochester, MN	0.250	
KTTC-CW	10.1	I-M	Rochester, MN	1.000	
KTTC-H&I	10.3	I-M	Rochester, MN	1.000	
Kire nai	10.5		nochester, whi	1.000	
KTTC-Court TV	10.4	I-M	Rochester, MN	1.000	0
KTTC-Justice	10.5	I-M	Rochester, MN	1.000	0
KXLT-HD/DT	47.1	I	Rochester, MN	1.000	
KXLT-Me TV	47.2	I-M	Rochester, MN	1.000	
KXLT-Laff	47.3	I-M	Rochester, MN	1.000	
KXLT-Escape	47.4	I-M	Rochester, MN	1.000	
KXLT-Quest	47.5	I-M	Rochester, MN	1.000	
KYIN-HD/DT	18.1	E	Mason City, IA	0.250	E
KYIN-PBS Kids	18.2	E-M	Mason City, IA	0.250	E
KYIN-World	18.3	E-M	Mason City, IA	0.250	E
KYIN-Create	18.4	E-M	Mason City, IA	0.250	Е
				#N/A	

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

ACCOUNTING PERIOD: 2020/1

DRM SA3E. PAGE 1b.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CMN-RUS, INC.	20201
Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Account.	Statement of

	•

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 (2) 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) WIPX 27 No Bloomington, Indiana ı WIPX-HD/DT (Sim 63.1 I-M No Bloomington, Indiana See instructions for additional information I-M **WIPX-Qubo** 63.2 No Bloomington, Indiana on alphabetization. 63.3 I-M No **WIPX-Ion Life** Bloomington, Indiana 14 Ε No WTIU Bloomington, Indiana WTIU-HD/DT (Sim 30.1 E-M No Bloomington, Indiana WTTV 48 Ν 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 No ı 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

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	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	I	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WDRB	49	l	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	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

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	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

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.

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	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

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 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	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	I	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 (Sir	32.1	N-M	No		Louisville, Kentucky
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky

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

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CHANNEL 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 (Sii	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		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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		CHANN	EL LINE-UP	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	Е	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

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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		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 (Sir	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 (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
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

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.

	CHANNEL 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	E	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 (Sir	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
	21.3	I-M	No		Fort Wayne, Indiana

G

Primary

Transmitters:

Television

Form SA3E Long Form (Rev. 05-17)

U.S. Copyright Office

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	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	l	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 (Sii	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
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 (Sir	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
	21.3	I-M	No		Fort Wayne, Indiana

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.

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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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	•	. ,	•	'	'
		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 (Sii	9.1	N-M	No		Cincinnati, Ohio
WFYI	21	Е	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
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPX	27	l	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

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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		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 TV	23.2	I-M	No		Marion, 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
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

FORM SA3E. PAGE 3.					OVOTEM ID#	
LEGAL NAME OF OWN		YSTEM:			SYSTEM ID#	Name
CMN-RUS, INC					062634	
PRIMARY TRANSMITT						
In General: In space carried by your cable services and regulated 76.59(d)(2) and (4), 76 substitute program based basis under specific FC bo not list the station station was carried List the station here, basis. For further in the paper SA3 fc Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give this community of licens on which your cable so Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the st planation of local serv Column 5: If you headle system carried the distant station to substitute of the distant station of the distant station of local serv Column 5: If you headle system carried the distant station.	G, identify ever system during to the control of th	y television state accounting in June 24, 19 (4), or 76.63 (4), or 76.63 (5) and in the next respect to any ations, or author G—but do listitute basis. In the state accounting substitute sign. Do not the a station account account of the station. Whether the setter "N" (for internal on commercial page (v) of the the local seriage (v) of the es" in column on during the me basis because (4).	g period, except 81, permitting the referring to 76.6 paragraph. It is a paragraph. It is space I (the ation was carried tute basis station report origination cording to its own the reported in the ation is a network annel 4 in Wash tation is a n	(1) stations carried to carriage of cert 1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television statington, D.C. This bork station, an indefer network multicor "E-M" (for noncontions located in the distant"), enter "Ye ions located in the mplete column 5, and Indicate by enactivated channel of the carried of the column 5, and Indicate by enactivated channel of the carried of the c	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity.	G Primary Transmitters: Television
	•				capacity. y payment because it is the subject	
of a written agreemen	t entered into o	n or before Ju	ıne 30, 2009, be	etween a cable sy	stem or an association representing	
,			•	• .	ry transmitter, enter the designa- ther basis, enter "O." For a further	
					ed in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	e the name of th	ne community with	which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AH (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	
WXIN-This TV	59.3	I-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.

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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.

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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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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
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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

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- 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	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

LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	
CMN-RUS, INC					062634	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect or 5.61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (ı	g period, except 81, permitting th referring to 76.6	(1) stations carrience carriage of cert	and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S	Stations: With	respect to any	distant stations	s carried by your o	cable system on a substitute program	Television
	here in space	G-but do lis		e Special Statem	ent and Program Log)—if the	
	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located	
Column 1: List each multicast stream	ch station's call associated wit	h a station ac	cording to its over	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example	
			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable s	ystem carried th	ne station.			ependent station, or a noncommercial	
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of the	l educational), o e general instru	or "E-M" (for nonce ctions located in th	east), "I" (for independent), "I-M" ommercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local serv Column 5: If you h	ice area, see pa ave entered "Y	age (v) of the es" in column	general instruct 4, you must cor	ions located in the mplete column 5,		
carried the distant state For the retransmiss	tion on a part-ti sion of a distant	me basis beca t multicast stre	ause of lack of a eam that is not s	ctivated channel of subject to a royalty	, ,	
tion "E" (exempt). For explanation of these the	simulcasts, als rree categories	o enter "E". If , see page (v	you carried the) of the general i	channel on any of instructions locate	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of th	ne community with	/ to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AI (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	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	

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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 (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	l	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.

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 (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	0	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	Е	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

FORM SA3E. PAGE 3.					,	
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
CMN-RUS, INC	<u>. </u>				062634	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you cable system carried the cable system carried tte carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th	G, identify eventy system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)	y television standard page (v) of the local servine column and uning the me basis became the services became the services and	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations is a carried to the station was sassigned to the station is a network and a sassigned to the station is a network work, "N-M" (I educational), one general instruction of the station was counting period ause of lack of a seam that is not some 30, 2009, be ssociation repreyou carried the solution of the general in the solution of the solution	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the special Statement of both on a substitution, see page (v) of the program services the television station of the television of the television station of the television of the televis	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form.	G Primary Transmitters: Television
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ng multiple char		•	•	channel line-up.	
	1		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	
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

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.

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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	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

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	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 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.

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 (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	
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

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	l	No		Lafayette, 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

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AM	_
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
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 TV	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

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 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	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

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.

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AN		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WCLJ	42	l	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	l	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	l	No		Indianapolis, Indiana	
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana	
WXIN	45	I	No		Indianapolis, Indiana	

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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- 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.

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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	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-lon 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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CMN-RUS, INC	•				062634	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se	G, identify even the system during the long in effect or i.61(e)(2) and (isis, as explaine in space only on a substand also in space only on a substand associated with a-2". Simulcast in each case we entering the least), "E" (for noise terms, see eare, see eare, see eare area, see eare area, see of a care and is on a part-tire ion of a distant entered into on a primary trans simulcasts, also	y television standard accounting in June 24, 1944), or 76.63 (rd d in the next prespect to any attions, or auth G—but do list titute basis. In the standard account of the station account of the station account of the station. In the station account of the station of the station. In the station account of the station account of the station. In the station account of the station account of the station account of the station account of the station account of the station account of the station of the station of the station of the station account of the sta	period, except 81, permitting the referring to 76.6 paragraph. A distant stations orizations: to the station was carried to the station was carried to the station was carried cording to its own be reported in the station is a network, "N-M" (I educational), one general instructive area, (i.e. "to general instruct 4, you must cording to its own was carried to same that is not same 30, 2009, be association repreyou carried the	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your consistency of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television station of the television of	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. expaper your payment because it is the subject estem or an association representing ery transmitter, enter the designa- ether basis, enter "O." For a further	G Primary Transmitters: Television
					d in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.	
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AN (3)		
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)		
WIPB - Weather	49.3	I-M	No		Muncie, 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	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	l	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	l	No		Chicago, Illinois	
WFLD-HD/DT	32.1	l	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	

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
062634

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

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	AP		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WILL	9	Е	No		Urbana, Illinois	
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois	
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois	
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois	
WMBD	30	N	No		Bloomington, Illinois	
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois	
WAOE	39	l	No		Bloomington, Illinois	
WYZZ	28	I	No		Bloomington, Illinois	
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois	
WTVP	46	E	No		Peoria, Illinois	
WTVP-Create/Wo	47.3	E-M	No		Peoria, Illinois	

Primary Transmitters: Television

Primary

Transmitters:

Television

FORM SA3E. PAGE 3. 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 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.

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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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AQ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WILL	9	Е	No		Urbana, Illinois
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois
WMBD	30	N	No		Bloomington, Illinois
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois
WAOE	39	I	No		Bloomington, Illinois
WYZZ	28	I	No		Bloomington, Illinois
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois
WTVP	46	E	No		Peoria, Illinois
WTVP-Create/Wo	47.3	E-M	No		Peoria, Illinois

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.
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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	l	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	l	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

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).

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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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		CHANN	EL LINE-UP	AS	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
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 (Simi	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

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.

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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).

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

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

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

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

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

,	•	• '	•	•	,
		CHANN	EL LINE-UP	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

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CMN-RUS, INC	•				062634	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the duri	he accounting In June 24, 198 4), or 76.63 (r d in the next p	period, except 81, permitting the eferring to 76.6 paragraph.	(1) stations carrie te carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specifc FC	CC rules, regula here in space	ntions, or auth G—but do list	orizations:		ent and Program Log)—if the	Television
basis. For further in in the paper SA3 fo	formation conc rm.	erning substit	ute basis station	ns, see page (v) o	ute basis and also on some other f the general instructions located	
each multicast stream	associated with	n a station acc	cording to its over	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	
its community of licens on which your cable sy	e. For example estem carried th	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multion For the meaning of the	entering the le cast), "E" (for no ese terms, see	tter "N" (for ne oncommercial page (v) of the	etwork), "N-M" (l educational), o e general instruc	for network multic or "E-M" (for nonco ctions located in th	ependent station, or a noncommercial ast), "I" (for independent), "I-M" emmercial educational multicast). The paper SA3 form. es". If not, enter "No". For an ex-	
•	ave entered "Yo ne distant statio	es" in column on during the	4, you must cor accounting perion	mplete column 5, s od. Indicate by ent	stating the basis on which your tering "LAC" if your cable system	
of a written agreement the cable system and a tion "E" (exempt). For	entered into or a primary trans simulcasts, also	n or before Ju mitter or an as o enter "E". If	ine 30, 2009, be ssociation repre you carried the	tween a cable sys senting the prima channel on any ot	payment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form.	
	Canadian statio	ns, if any, give	e the name of th	ne community with	to which the station is licensed by the which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AT (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	
WUPX-lon	67.1	I	No		Richmond, KY	
WUPX-Qubo	67.2	I-M	No	-	Richmond, KY	
WUPX-Ion Life	67.3	I-M	No		Richmond, KY	
					,	

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.

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 AU									
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					
KGCW-DT	26.1	I	No		Burlington, IA					
KGCW-This TV	26.2	I-M	No		Burlington, IA					
KGCW-Laff	26.3	I-M	No		Burlington, IA					
KGCW-Bounce T	26.4	I-M	No		Burlington, IA					
KIIN-HD/DT	12.1	E	No		lowa City, IA					
KIIN-PBS Kids	12.2	E-M	No		lowa City, IA					
KIIN-World	12.3	E-M	No		lowa City, IA					
KIIN-Create	12.4	E-M	No		lowa City, IA					
KLJB-HD/DT	18.1	I	No		Davenport, IA					
KLJB-Me TV	18.2	I-M	No		Davenport, IA					
KWQC-HD/DT	6.1	N	No		Davenport, IA					
KWQC-ION	6.2	I-M	No		Davenport, IA					
KWQC-Cozi TV	6.3	I-M	No		Davenport, IA					
KWQC-H&I	6.4	I-M	No		Davenport, IA					
WHBF-HD/DT	4.1	N	No		Rock Island, IL					
WHBF-Grit	4.3	I-M	No		Rock Island, IL					
WHBF-Court TV N	4.4	I-M	No		Rock Island, IL					
WQAD-HD/DT	8.1	N			Moline, IL					

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 3. 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AU (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
WQAD-Antenna T	8.2	I-M	No		Moline, IL
WQAD-MyNetwor	8.3	I-M	No		Moline, IL
WQAD-Justice Ne	8.4	I-M	No		Moline, IL
WQPT-HD/DT	24.1	E	No		Moline, IL
WQPT-Worldview		E-M	No		Moline, IL
			No		
	•		No		
			No		
			No		
	•		No		

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AV	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KAAL-HD/DT	6.1	N	No		Austin, MN
KAAL-This TV	6.2	I-M	No		Austin, MN
KIMT-HD/DT	3.1	N	No		Mason City, IA
KIMT-MyNetwork	3.2	I-M	No		Mason City, IA
KIMT-ION	3.3	I-M	No		Mason City, IA
KIMT-Antenna	3.4	I-M	No		Mason City, IA
KSMQ-HD/DT	15.1	E	No		Austin, MN
KSMQ-Worldview	15.2	E-M	No		Austin, MN
KSMQ-Create	15.3	E-M	No		Austin, MN
KSMQ-MN Chann	15.4	E-M	No		Austin, MN
KTTC-HD/DT	10.1	N	No		Rochester, MN
KTTC-CW	10.2	I-M	No		Rochester, MN
KTTC-H&I	10.3	I-M	No		Rochester, MN
KTTC-Court TV	10.4	I-M	No		Rochester, MN
KTTC-Justice	10.5	I-M	No		Rochester, MN
KXLT-HD/DT	47.1	I	No		Rochester, MN
KXLT-Me TV	47.2	I-M	No		Rochester, MN
KXLT-Laff	47.3	I-M			Rochester, MN

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2020/1		
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#			
CMN-RUS, INC.		0.2			062634	Name		
PRIMARY TRANSMITTE		DN						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect or .61(e)(2) and (eis, as explaine	ne accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television		
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), "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 b								
explanation of these th Column 6: Give the	ree categories, location of eac Canadian statio	see page (v) ch station. Fo ns, if any, giv	of the general in the stations, the the name of the	instructions locate list the community ne community with	ther basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is identifed. It channel line-up.			
		CHANN	EL LINE-UP	AV (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			
KXLT-Escape	47.4	I-M	No		Rochester, MN			
KXLT-Quest	47.5	I-M	No		Rochester, MN			
KYIN-HD/DT	18.1	E	No		Mason City, IA			
KYIN-PBS Kids	18.2	E-M	No		Mason City, IA			
KYIN-World	18.3	Е-М	No		Mason City, IA			
KYIN-Create	18.4	E-M	No	-	Mason City, IA			

ACCOUNTING PERIOD: 2020/1 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: 2020/
LEGAL NAME OF OWNER OF CMN-RUS, INC.	CABLE SYST	ГЕМ:				SYSTEM ID# 062634	Name
SUBSTITUTE CARRIAG	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	ì			•
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 authoriz	zations. For a further	Substitute
1. SPECIAL STATEMENDuring the accounting per broadcast by a distant sta	iod, did you			is, any nonne		program] Yes ϪNo	Carriage: Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTI			ge blank. If your answer is	"Yes," you mι	ust complete the		Program Log
In General: List each subsclear. If you need more spaced with the period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant state gulations, oution. Do no Lucy" or "NE m was broad sign of the sadcast static addian state of the sadcast static and land land land land land land land	am on a separa attach addition nnetwork telev ion and that your or authorization of use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your system e substitute pro a program carri	al pages. ision program (substitute pour cable system substitute so so See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." refes." Otherwise enter the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	orogram) that, d for the progueral instruction is lice station is lice station is lice station is lice program. Use cable system. 15 p.m. to 6:2 amming that yel; enter the lete under FCC r	during the accorramming of anotons located in the List specific professed by the FCC hitfied). List the times a 8:30 p.m. should our system was ter "P" if the lister	unting ther station e paper ogram C or, in the month ccurately d be required ed pro ions in	
1. TITLE OF PROGRAM	SUBSTITUT	E PROGRAM 3. STATION'S		CARR 5. MONTH	1 7 REASON		
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — — — — — — — — — — — — — — — — — — —	TO	

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

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

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	N-RUS, INC.		SYSTEM ID# 062634	Name				
all a (as pag	Company of the general instructions. 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 section dentified in space E) during the accounting period. For a further explanation of how to be (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 tran	smission service	K Gross Receipts				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
bloc ▶ If pa 3 be	or t 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be a 3 below. Int 6 of the DSE schedule was completed, the amount from line 7 of block C should be blow. Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be surcharge.	entered on	line 2 in block					
Block	2 in block 4 below. MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at							
	This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the							
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	_\$	10,031.96					
	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	\$	10,031.96					
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 the fee from either part 9 (block D) or the DSE schedule. 	<u>\$</u>	64,719.38 0.00	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	the Licensing additional fees. Division for the				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	65,444.38	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					

		CVCTEM ID#									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC.	SYSTEM ID# 062634									
	, , , , , , , , , , , , , , , , , , ,										
	CHANNELS										
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations										
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Onamieis	Enter the total number of channels on which the cable										
	system carried television broadcast stations										
	2. Enter the total number of activated channels										
	on which the cable system carried television broadcast stations and nonbroadcast services										
	and nonproductast services										
.	INDIVIDUAL TO DE CONTACTED LE FUIDTUED INFORMATION LO NEEDED. (Identification)										
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)										
Individual to	, and the second										
Be Contacted											
for Further	Name ED CORR Telephone 913-794-3121	l									
Information											
	Address 8837 BOND STREET										
	(Number, street, rural route, apartment, or suite number)										
	OVERLAND PARK, KS 66214 (City, town, state, zip)										
	Email Fax (optional)										
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.										
0											
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 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 identifing in line 1 of space B and that the owner is not a corporation or partnership; or	iied									
	(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 s in line 1 of space B.	system									
	in line 1 of space 5.										
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.										
	[18 U.S.C., Section 1001(1986)]										
	/s/ Ed Corr										
	Enter an electronic signature on the line above using an "/a " signature to contify this atstement										
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and pre-										
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting	ngs.									
	Typed or printed name: ED CORR										
	THE VICE PRECIPENT TAY										
	Title: VICE PRESIDENT TAX (Title of official position held in corporation or partnership)										
	, and the state of										
	Date: August 27, 2020										
	100000000000000000000000000000000000000										

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

	SYSTEM ID#	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?	basic clude sub- n 119." in the	Special Statement Concerning Gross Receipts Exclusion
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 under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	payment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	days	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest of	charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office please list below the owner, address, first community served, accounting period, and ID number as given in the 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: 2020/1

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 local stations are not counted at all in computing DSEs	

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer 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.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

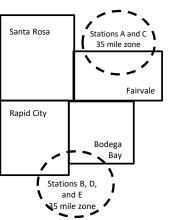
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

In most cases 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 of	of 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)

DSE SCHEDULE. PAGE 11. (CONTINUED)

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
1	CMN-RUS, INC.					062634			
	SUM OF DSEs OF CATEGORY "O" STATIONS:								
	Add the DSEs of each station		13.						
	Enter the sum here and in line 1 of part 5 of this schedule.								
						}			
2	Instructions:	Simully liet the en	Il ainma af all diatant atations	i al a matific al la cont	ha lattar "O" in actumen F				
	In the column headed "Call sof space G (page 3).	sign": list the ca	iii signs oi aii distant stations	s identified by i	ne letter O in column 5				
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSE	as "1.0"; tor	each network or noncom-				
of DSEs for	for mercial educational station, give the DSE as ".25."								
Category "O"									
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			
Add rows as									
necessary.									
Remember to copy all									
formula into new									
rows.									

Name	CMN-RUS, IN	OWNER OF CABLE SYSTEM:					S	YSTEM ID# 062634
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	at the call sign of all dist: For each station, give correspond with the info: For each station, give: Divide the figure in co at least to the third dec: For each independent value as ".25."	the number of hours ormation given in space the total number of h lumn 2 by the figure is imal point. This is the station, give the "typolumn 4 by the figure	your cable system to J. Calculate on ours that the station column 3, and g "basis of carriage e-value" as "1.0." in column 5, and	n carried the stately one DSE for eon broadcast owive the result in evalue" for the second process of the seco	tion during the accountine each station. er the air during the acc decimals in column 4. T	ounting period. his figure must ucational station,	
Capacity		(CATEGORY LAC	STATIONS: (COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBI OF HO CARRI SYSTE	ER 3. NI URS OI ED BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		βE
			÷	=		x	=	
			÷	=		<u>x</u>	=	
			÷			x x	<u>=</u>	
			·····			x		
			÷	=		x	=	
			÷	=		x	=	
			÷	=		x	=	
	Add the DSEs of	OF CATEGORY LAC of each station. m here and in line 2 of		9,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	ct on October 19, 1976 ne or more live, nonnetweet or each station give the This figure should corrected the number of day Divide the figure in colu	stitution for a program (as shown by the lett work programs during e number of live, non- espond with the inform is in the calendar year mn 2 by the figure in o	that your system or "P" in column 7 that optional carrie network programs nation in space I. rr. 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by a carried in substance I leap year.	o delete under FCC rule	2 of t were deleted as than the third	rm).
		Sl	JBSTITUTE-BAS	IS STATIONS	S: COMPUTA	TION OF DSEs	1	1
	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
			<mark></mark>	=		<mark></mark>	-	=
			····				<u> </u>	
			÷ :	=			÷	=
			÷	=			÷	=
			÷	=			+	=
	Add the DSEs of	OF SUBSTITUTE-BAS of each station. m here and in line 3 of		9,	>	0.00		
5 Total Number of DSEs	number of DSEs	R OF DSEs: Give the are sapplicable to your system of DSEs from part 2 ●		in parts 2, 3, and	4 of this schedule	e and add them to provide	1.50 0.00	
		DSEs from part 4 •					0.00	
	J. NUITIDET OF	DOLS HUIII PAIL 4♥						
	TOTAL NUMBE	R OF DSEs					•	1.50

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/1

CMN-RUS, INC		SYSTEM:					S	YSTEM ID# 062634	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of _l		7 of the DSE sche	edule blank a	nd complete pa	rt 8, (page 16) of	the	6
				ELEVISION MA	ARKETS				Computation of
		schedule—I	,				FCC rules and re	gulations in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Jur edule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permitte	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursu *F A station pre	ules and regued pursuant on as define all education (76. or DSE schedant to individuously carrieulles and to station viously carrieulles and to station v	ulations cited be to the FCC ma d in 76.5(kk) (7 al station [76.5: 65) (see parag dule). ual waiver of F ed on a part-tim vithin grade-B o	6.59(d)(1), 76.61(d), 76.61(d), 76.61(d), 76.61(d), 76.raph regarding su CC rules (76.7) are or substitute basentour, [76.59(d)(d)	ose in effect of 6.57, 76.59(b) e)(1), 76.63(a) referring betitution of go	n June 24, 198 b), 76.61(b)(c), (a) referring to 70 g to 76.61(d) grandfathered so	76.63(a) referring 6.61(e)(1 tations in the		
Column 3:		e stations ide	entified by the le	parts 2, 3, and 4 etter "F" in column			orksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WFYI	С	0.25	WFYI-Kids	С	0.25	WFYI-Crea	С	0.25	
WIPB	С	0.25	WIPB-Crea	С	0.25	WIPB-Wea	С	0.25	
					,			1.50	
		P	SLOCK C: CO	MPUTATION OF	3 75 FFF				
Line 1: Enter the	total number of				J.751 LL				
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B abo	ove					
Line 3: Subtract (If zero, I	line 2 from line 1 eave lines 4–7 b			,		rate.			
Line 4: Enter gro	oss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter s	um here				х		partially permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3			I			If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter hei	re and on line	2, block 3, spac	e L (page 7))		0.00	

ACCOUNTING PERIOD: 2020/1

CMN-RUS, IN	IC.					O62634	Name
1. CALL	2. PERMITTED	1. CALL	2. PERMITTED	1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS	SIGN	BASIS	SIGN	BASIS		Computation (
							3.75 Fee

Name	CMN-RUS, INC.		E SYSTEM:						S	**************************************
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fr A—Part-time sp 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Comparin block	or to June 25, call sign for eather DSE for the DSE for the DSE for the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). arriage under all instructions the station's Ie the DSE figures. B, column 3 differential information you call information you information you call sign and the station's Ie the DSE figures.	1981, under forme ach distant station in his station for a sin g period and year arriage on which the regulations cited by mming: Carriage, c)(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 foSE for the current ures listed in column of part 6 for this state un give in columns	r FCC rules governed to the carried by the gle accounting in which the carried station was complete the carried by a part-time between the carring to 76.61(e) C rules, sections regulations, or form. a accounting periors 2 and 5 and tition.	verr lett peri rriag carri thos asis ((1)) s 76 auth riod list	entifed by the letter "F" ning part-time and sub ter "F" in column 2 of piod, occurring between ge and DSE occurred lied by listing one of the se in effect on June 24 s, of specialty program). 6.59(d)(3), 76.61(e)(3) thorizations. For further as computed in parts the smaller of the two e accurate and is subject to the	stitute carri part 6 of the n January 1 (e.g., 1981/ e following I, 1981. Iming unde n, or 76.63 (r explanation 2, 3, and 4 o figures her	age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedule. This figure	ections of the should be	981 be entered
					ED	ON A PART-TIME AN				
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
	SIGN	DSE		ENIOD		CARRIAGE		JOE		DSE
7 Computation of the Syndicated	,	"Yes," comple	ete blocks B and C locks B and C blan	k and complete		irt 8 of the DSE schedi		·		
Exclusivity			BLOOK	1171.1111110011	-		_ '			
Surcharge	• Is any portion of the	cable system v	vithin a top 100 majo	or television mar	ket	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
	X Yes—Complete	blocks B and	IC.			No—Proceed to	part 8			
					٦٢					
		-	F/Grade B Contour		┩			tation of Exem		
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places			Ш	Was any station listed nity served by the cab to former FCC rule 76	le system p	•	•	
	Yes—List each s	tation below wi	th its appropriate per	mitted DSE		Yes—List each st	ation below	with its appropria	ate permi	tted DSE
	X No—Enter zero a	and proceed to	part 8.			X No—Enter zero a	nd proceed t	o part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE
			=							
			-							
			-							
			-							
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00
			. S IT LE DOLG	5.00				TOTAL DO		5.00

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	Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Exclusivity Surcharge
• Is an	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 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
0.2	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	STEM 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. 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. \$\Bigseleft\ \bigseleft\ \bigsele	
8 Computation of Base Rate Fee	You mi 6 was 6 In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers coated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		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?	
	_	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	

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/1

	AME OF OWNER OF CABLE SYSTEM: RUS, INC.	SYSTEM ID# 062634	Name
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		8
	A. Enter 0.01064 of gross receipts (the amount in section 1)		0
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
	C. Multiply line B by 3.000 and enter here	_	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe	•	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac on, you must:	vantage of this	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine that the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belcable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant stati to that community.	on you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc the station's local service area. A subscriber located outside the local service area of a station is distant to that state the token, the station is distant to the subscriber.)		
Step 3 subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. I ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups		em's subscriber	
	section: fy the communities/areas represented by each subscriber group.		
• Give	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• lf:			
and 4	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in fifthis schedule; or,	•	
part	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bl 6 of this schedule.	UCK D,	
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	- 4 4	
in the	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.		
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the parting this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that group). You do not need	it is, the total	

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 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.

D	1 UCK V·	COMPLITATION OF	BASE DA	TE FEES FOR EACH	SLIBSOD	IRER CPOLID			
В		SUBSCRIBER GROU				SUBSCRIBER GROU	D		
COMMUNITY/ AREA		ICASTLE	,,	COMMUNITY/ADEA		UR/NORTH VERNO			
COMMUNITY AREA	GREEN	ICASTLE		COMMUNITY AREA	SETIMO	OKNOKIH VEKN	ON		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
O/ LEE O/O/V	DOL	O/ LEE GIGIT	DOL	O'NEE GIGIT	DOL	O/ALL GIGIN	DOL		
						H			
						H			
						H			
			 						
	1	Ч			!	!!	• • • •		
otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$ 162	,702.08	Gross Receipts Secon	d Group	\$ 48	9,321.54		
						0.00		s 0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$ 0.00			
	THIRD	SUBSCRIBER GROU	JP		FOURTH	URTH SUBSCRIBER GROUP			
COMMUNITY/ AREA				I I					
	VINCE	INES		COMMUNITY/ AREA					
COMMUNITY AREA	VINCE	INES		COMMUNITY/ AREA					
			l nee		MADISO	ON .			
CALL SIGN	DSE	CALL SIGN	DSE	COMMUNITY/ AREA			DSE		
			DSE		MADISO	ON .			
			DSE		MADISO	ON .			
			DSE		MADISO	ON .			
			DSE		MADISO	ON .			
			DSE		MADISO	ON .			
			DSE		MADISO	ON .			
			DSE		MADISO	ON .			
			DSE		MADISO	ON .			
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			DSE		MADISO	ON .			
			DSE		MADISO	ON .			
			DSE		MADISO	ON .			
			DSE		MADISO	ON .			
			DSE		MADISO	ON .			
					MADISO	ON .	DSE		
CALL SIGN			DSE		MADISO	ON .			
CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	DSE		
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third C	DSE	CALL SIGN	0.00	Total DSEs Gross Receipts Fourth	DSE	CALL SIGN	0.00 57,293.75		
CALL SIGN	DSE	CALL SIGN	0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	DSE		
CALL SIGN CALL SIGN otal DSEs iross Receipts Third C	DSE	\$ 227	0.00	Total DSEs Gross Receipts Fourth	DSE	CALL SIGN CALL SIGN s 35	0.00 57,293.75		

LEGAL NAME OF OWNE CMN-RUS, INC.	ER OF CABI	LE SYSTEM:					062634	Name
BI	LOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GRO	OUP		SIXTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	WABAS	SH		COMMUNITY/ AREA	A NORTH	MANCHESTER		9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WFYI	0.25	WFYI-Kids	0.25			0.122 0.011		Base Rate F
WFYI-Create	0.25							and
						<u> </u>		Syndicate
								-
								Exclusivit
		_						Surcharg
								for
								Partially
								Distant
								Stations
F-4-1 DOE-			0.75	T-4-1 DOE	1	H	0.00	
Γotal DSEs			0.75	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 16	8,475.33	Gross Receipts Sec	ond Group	\$	58,321.24	
3ase Rate Fee First G	roup	\$	1,344.43	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	DUP		EIGHTH	SUBSCRIBER GRO	DUP	
COMMUNITY/ AREA	HUNTIN			COMMUNITY/ AREA				
CALL CICAL	Dec	CALL CICN	Dec	CALL CICAL	Lper	II CALL CICAL	Dec	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WFYI Create	0.25	WFYI-Kids	0.25	
		_		WFYI-Create	0.25			
		_						
						_		
	<u> </u>							
		•						
otal DSEs			0.00	Total DSEs			0.75	
Gross Receipts Third C	Group	s 19	1,890.74	Gross Receipts Fou	rth Group	\$	134,757.05	
,	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r			
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	1,075.36	
Base Rate Fee: Add th	ne base ra t	te fees for each sub	scriber aroun	as shown in the boxe	s above			
Enter here and in block			- 31.201 group	as chemin are boxe		\$		

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABI	LE SYSTEM:				S'	YSTEM ID# 062634	Name
Bl		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	NEW C			COMMUNITY/ AREA				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
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			.					
						-		
		••••••••				•		
Total DSEs	•		0.00	Total DSEs		•	0.75	
							-	
Gross Receipts First G	roup	<u>\$ 198</u>	,815.45	Gross Receipts Secor	nd Group	\$ 17	77,927.56	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	1,419.86	
EI	EVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	REA FRANKLIN/GREENWOOD COMMUNITY/ AREA LAFAYETTE							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WIPB	0.25	WIPB-Create	0.25	
				WIPB-Weather	0.25			
			······································			 		
Total DSEs			0.00	Total DSEs			0.75	
Gross Receipts Third G	Group	\$ 562	,008.31	Gross Receipts Fourth	n Group	\$ 77	75,977.95	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	6,192.30	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	6,192.30	

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABI	LE SYSTEM:				S'	YSTEM ID# 062634	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU	JP	TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA	CRAWI	FORDSVILLE		COMMUNITY/ AREA	WESTFI	ELD/FISHERS/CA	RMEL/ZIC	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 238	782.64	Gross Receipts Seco	nd Group	\$ 62	26,721.74	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
FII	FTEENTH	SUBSCRIBER GROU	JP		SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	PLAINF	FIELD/ROMEOVIL	.LE	COMMUNITY/ AREA	BLOOM	INGTON		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_						
						_		
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 130	805.89	Gross Receipts Fourt	h Group	\$ 32	28,563.97	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Inter here and in block			criber group	as shown in the boxes	above.	\$		

Name	STEM ID# 062634	SY				LE SYSTEM:	R OF CABI	LEGAL NAME OF OWNE CMN-RUS, INC.
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (Bl
0)	SUBSCRIBER GROUP	HTEENTH	EIG	JP	SUBSCRIBER GRO	NTEENTH	SEVE
9 Computation	ORA/S EI	IA/GENEVA/N AUR	BATAVI	COMMUNITY/ AREA	(VILLE	GO/PLANO/YOR	OSWE	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and Syndicated								
Exclusivity		. 						
Surcharge								
for								
Partially								
Distant								
Stations								
	0.00	11	•	Total DSEs	0.00		-!	Total DSEs
	2,953.59	\$ 24	d Group	Gross Receipts Secor	,965.16	\$ 153	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
		SUBSCRIBER GROUP			JP	SUBSCRIBER GRO		
		TON/VERSAILLES	LEXING	COMMUNITY/ AREA		B/SYCAMORE	DEKAL	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$ 57°	Group	Total DSEs Gross Receipts Fourth	0.00	\$ 117	Group	Fotal DSEs Gross Receipts Third G

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	062634	Name
				TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	LID	
COMMUNITY/ AREA		SUBSCRIBER GRO		COMMUNITY/ ARE			10P	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
						<u> </u>		Surcharge for
						 		Partially
								Distant
								Stations
						<u> </u>		
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First G	iroup	\$ 91	,744.82	Gross Receipts Sec	ond Group	\$	74,688.60	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO	UP	TWEN	TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_				-		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
·	•				•		1	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	te fees for each subs	criber group	as shown in the boxe	s above.			
Enter here and in block	< 3, IINe 1, :	space ∟ (page /)				\$		

F		MPUTATION OF BSCRIBER GROU	BASE RA	TE FEES FOR FACH	CLIDCCDI			
	IRST SU	DSCRIPER CROI		TETELOTOR ENOT	SUBSURI	BER GROUP		
OMMUNITY/ AREA GR		BOCKIBER GROU	IP		SECOND	SUBSCRIBER GROU	JP	
	REENCA	ASTLE		COMMUNITY/ AREA	SEYMO	JR/NORTH VERN	ION	Comp
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	c
								Base R
						_		ar
						_		Syndi
								Exclu
								Surc
	- <mark></mark>							fc
								Part
								Dist
								Stati
-t-I DCF-			0.00	Tetal DCEs	<u> </u>		0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group	\$	162,	702.08	Gross Receipts Secon	d Group	\$ 4	89,321.54	
ase Rate Fee First Group	\$		0.00	Base Rate Fee Second	d Group	\$	0.00	
T	HIRD SU	BSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	JP	
	NCENN			COMMUNITY/ AREA				
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
otal DSEs			0.00	Total DSEs			0.00	
					_			
ross Receipts Third Group	\$	227,	291.52	Gross Receipts Fourth	Group	\$ 3	57,293.75	
	1							

Name	062634							CMN-RUS, INC.
	P	RIBER GROUP		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		BL
Computation of Base Rate F and Syndicate Exclusivity Surcharge for Partially Distant Stations				COMMUNITY/ AREA			WABAS	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
_							-	
Partially								
Distant								
Stations								
							-	
	0.00			Total DSEs	0.00	-		Total DSEs
	8,321.24	\$ 58	Group	Gross Receipts Second	475.33	\$ 168,	roup	Gross Receipts First G
	0,321.24	-	о. очр	·				
	0.00	\$		Base Rate Fee Second	0.00	\$	oup	3ase Rate Fee First G
	0.00		Group			\$ SUBSCRIBER GROU		
	0.00	\$ SUBSCRIBER GROUP	Group EIGHTH			SUBSCRIBER GROU	SEVENTH	
	0.00	\$ SUBSCRIBER GROUP	Group EIGHTH	Base Rate Fee Second		SUBSCRIBER GROU	SEVENTH	
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	COMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	SCOMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	SCOMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	SCOMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	SCOMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	COMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	COMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	COMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	COMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	COMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	COMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	COMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	COMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROUF	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	HUNTIN	SCOMMUNITY/ AREA
	DSE	SUBSCRIBER GROUF RSVILLE CALL SIGN	Group EIGHTH CONNEF	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU IGTON CALL SIGN	DSE	CALL SIGN

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:	-			S	YSTEM ID# 062634	Name
BI				TE FEES FOR EACH				
		SUBSCRIBER GROU	JP			SUBSCRIBER GRO	UP	۵
COMMUNITY/ AREA	NEW C	ASTLE		COMMUNITY/ AREA	LEBAN	ON		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
								<u>'</u>
Fotal DSEs			0.00	Total DSEs		Ш	0.00	
	roun	¢ 109	815.45		nd Croup	. 1		
Gross Receipts First G	roup	\$ 198,	015.45	Gross Receipts Secon	na Group	\$ 1	77,927.56	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
Е	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	FRANK	LIN/GREENWOO	D	COMMUNITY/ AREA	LAFAY	ETTE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	<u>\$ 562,</u>	008.31	Gross Receipts Fourt	h Group	\$ 7	75,977.95	
							$\overline{}$	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
e Fee: Add th	ne base rat			as shown in the boxes		\$	0.30	

N-RUS, INC.								
				TE FEES FOR EACH			ID	
		SUBSCRIBER GROU	אר	COMMUNITY/ AREA		SUBSCRIBER GROU		9
MMUNITY/ AREA	CRAWF	ORDSVILLE		COMMUNITY/ AREA	WESIFI	ELD/FISHERS/CF	ARIVIEL/ZIC	Computati of Base Rate and Syndicate Exclusivi Surcharg for Partially
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		07.22 0.011	332	07.122 0.011	552	07.22 51511	332	
								and
								Syndicat
								Exclusiv
								Surchar
								Distan
								Stations
						-		
l DSEs			0.00	Total DSEs			0.00	
2020								
D E O						\$ 62		
ss Receipts First Gro	oup	\$ 238,	782.64	Gross Receipts Secon	и Огоир	*	26,721.74	
ss Receipts First Gro	oup	\$ 238,	782.64	Gross Receipts Secon	u Gloup	<u>, </u>	20,721.74	
es Receipts First Gro		\$ 238,	0.00	Base Rate Fee Second		\$	0.00	
e Rate Fee First Gro	oup		0.00	Base Rate Fee Second	d Group		0.00	
e Rate Fee First Gro	oup TEENTH	\$	0.00	Base Rate Fee Second	d Group	\$ SUBSCRIBER GROU	0.00	
e Rate Fee First Gro	oup TEENTH	\$ SUBSCRIBER GROU	0.00	Base Rate Fee Second	d Group	\$ SUBSCRIBER GROU	0.00	
e Rate Fee First Gro	oup TEENTH	\$ SUBSCRIBER GROU	0.00	Base Rate Fee Second	d Group	\$ SUBSCRIBER GROU	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
e Rate Fee First Gro FIFT //MUNITY/ AREA	TEENTH PLAINF	\$ SUBSCRIBER GROU	0.00 JP LE	Base Rate Fee Second SI COMMUNITY/ AREA	d Group XTEENTH BLOOM	\$ SUBSCRIBER GROUNGTON	0.00	
E Rate Fee First Gro	DE D	SUBSCRIBER GROUIELD/ROMEOVIL CALL SIGN	0.00 JP LE DSE	Base Rate Fee Second SI COMMUNITY/ AREA CALL SIGN Total DSEs	d Group XTEENTH BLOOMI DSE	SUBSCRIBER GROUINGTON CALL SIGN	0.00 JP DSE 0.00	
E Rate Fee First Gro	DE D	SUBSCRIBER GROUIELD/ROMEOVIL CALL SIGN	JP LE DSE	Base Rate Fee Second SI COMMUNITY/ AREA CALL SIGN	d Group XTEENTH BLOOMI DSE	SUBSCRIBER GROUINGTON CALL SIGN	JP DSE	
E Rate Fee First Gro	DE D	SUBSCRIBER GROUIELD/ROMEOVIL CALL SIGN	0.00 JP LE DSE	Base Rate Fee Second SI COMMUNITY/ AREA CALL SIGN Total DSEs	d Group XTEENTH BLOOMI DSE	SUBSCRIBER GROUINGTON CALL SIGN	0.00 JP DSE 0.00	
E Rate Fee First Gro	DE D	SUBSCRIBER GROUIELD/ROMEOVIL CALL SIGN	0.00 JP LE DSE	Base Rate Fee Second SI COMMUNITY/ AREA CALL SIGN Total DSEs	d Group XTEENTH BLOOMI DSE Group	SUBSCRIBER GROUINGTON CALL SIGN	0.00 JP DSE 0.00	

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABI	LE SYSTEM:				SY	O62634	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		EIG	HTEENTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	OSWE	GO/PLANO/YORK	VILLE	COMMUNITY/ AREA	BATAV	IA/GENEVA/N AUR	RORA/S EI	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						 		and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
						•		
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 153,	965.16	Gross Receipts Secon	d Group	\$ 24	2,953.59	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NIN	NTEENTH	SUBSCRIBER GROU	ΙP	T\	VENTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	DEKAL	B/SYCAMORE		COMMUNITY/ AREA	LEXING	TON/VERSAILLES	3	
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	\$ 117,	743.25	Gross Receipts Fourth	Group	\$ 57	1,896.46	
							$\overline{}$	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
e Rate Fee: Add th			riber group	as shown in the boxes a	above.	\$		

Name	062634							
				TE FEES FOR EACH				
9	UP	SUBSCRIBER GROU				SUBSCRIBER GROU		
Computation of Base Rate Fand Syndicated Exclusivity Surcharge for Partially Distant		STER	ROCHE	COMMUNITY/ AREA	ORF	PORT/BETTEND	DAVEN	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	BOL	O'NEE GIGIT	DOL	O'ALL GIGIT	DOL	O/ILL GIGIT	DOL	CALL GIGIN
and								
Syndicate								
Exclusivit								
Surcharg								
Stations								
Stations							··	
	0.00			Total DSEs	0.00			otal DSEs
	0.00							
	-	•	d Group	Gross Receipts Second	744 82	¢ 91	roun	Proce Receints First G
	74,688.60	\$	d Group	Gross Receipts Second	744.82	\$ 91,	roup	Gross Receipts First G
	-	\$		Gross Receipts Second	0.00	\$ 91, \$		
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	74,688.60 0.00		d Group	Base Rate Fee Second	0.00		roup	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First Gr TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First Gr TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First Gr TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First Gr TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First Gr TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First Gr TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First Gr TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First Gr TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First Gr TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First G TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First G TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First G TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First Gr TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	Base Rate Fee First Gr TWENT COMMUNITY/ AREA
	74,688.60 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup FY-THIRD	TWENT COMMUNITY/ AREA CALL SIGN
	74,688.60 0.00 UP DSE 0.00	SUBSCRIBER GROU	d Group	TWENTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	SUBSCRIBER GROU	TY-THIRD DSE	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs
	74,688.60 0.00 UP DSE	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Second TWENTY COMMUNITY/ AREA CALL SIGN	0.00 JP OSE	\$ SUBSCRIBER GROU	TY-THIRD DSE	TWENT COMMUNITY/ AREA CALL SIGN Fotal DSEs
	74,688.60 0.00 UP DSE 0.00	SUBSCRIBER GROU	d Group FOURTH DSE	TWENTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	SUBSCRIBER GROU	DSE Sroup	COMMUNITY/ AREA