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

Return completed workbook by email to:

# coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period		2020/1				
B Owner	rate	tructions:Give the full legal name of the owner of the cable system. If the owner is ae title of the subsidiary, not that of the parent corporation.List any other name or names under which the owner conducts the businesIf there were different owners during the accounting period, only the owneringle statement of account and royalty fee payment covering the entire accoCheck here if this is the system's first filing. If not, enter the system's ID	ss of the cable syste on the last day of th unting period.	m. <i>he accounting period should s</i> i	-	62642
	LI	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		The Conneaut Telephone Co				
		GreatWave Communications				
					6264	220201
					62642	2020/1
		224 State Street, PO Box 579 Conneaut, OH 44030-2637				
С		STRUCTIONS: In line 1, give any business or trade names used to mes already appear in space B. In line 2, give the mailing address of	•			
System		IDENTIFICATION OF CABLE SYSTEM:				
	1	CableSuite 541, Inc.				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
		(City, town, state, zip code)				
D	Ins	structions: For complete space D instructions, see page 1b. Identify	only the frst corr	munity served below and i	relist on pa	ae 1b
Area		h all communities.	,,	,		9
Served		CITY OR TOWN	STATE			
First		Conneaut	ОН			
Community	E	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.		
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Ald	la	MD	Α		1
		ance	MD	В		2
	Ge	ring	MD	В		3
form in order to pro- numbers. By provi search reports pre-	ocess ding F pared	ction 111 of title 17 of the United States Code authorizes the Copyright Offce to colled your statement of account. PII is any personal information that can be used to identif PII, you are agreeing to the routine use of it to establish and maintain a public record, for the public. The effect of not providing the PII requested is that it may delay proce ements of account, and it may affect the legal suffciency of the fling, a determination	y or trace an individua which includes appea ssing of your statemer	I, such as name, address and tele ring in the Offce's public indexes nt of account and its placement in	ephone and in	

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

12-23-20

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

U.S. Copyright Office

FORM	SA3E.	PAGE	1b.
	0,000	17.00	10.

ORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
The Conneaut Telephone Co			62642						
<b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses									
<b>Note:</b> 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., o all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	ne column blank. I elevant communit	f you report any s / with a subscribe	tations r group,						
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d a subscriber gro		-						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	]					
Conneaut	ОН	AA/AC		First					
Kingsville	ОН	AA		Community					
North Kingsville Village	ОН	AA							
	m								
				See instructions for additional information					
	m			on alphabetization.					
				Add rows as necessary.					
				Add Tows as necessary.					

	······································	• i

Name	LEGAL NAME OF OWNER OF CABLE The Conneaut Telephor							S	YSTEM I 626			
									•=•			
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi	space E should on of television	d cover n and ra	all categories of a adio broadcasts b	seconda by your s	ystem to subsc	ribers. Give	e information				
Secondary Transmission Service: Sub-	about other services (including p last day of the accounting period <b>Number of Subscribers:</b> Bot	d (June 30 or E	Decemb	per 31, as the cas	e may b	e).		-				
scribers and Rates	down by categories of secondar each category by counting the n separately for the particular serv <b>Rate:</b> Give the standard rate of unit in which it is generally billed category, but do not include disc <b>Block 1:</b> In the left-hand block	iumber of billin vice at the rate charged for ead I. (Example: "\$ counts allowed	gs in th indicat ch cate 20/mth for adv	at category (the r ed—not the numl gory of service. Ir "). Summarize an /ance payment.	number of ber of se nclude bo ny standa	of persons or or ets receiving set oth the amount ard rate variatio	rganization rvice). of the chai ns within a	s charged rge and the particular rate				
	<b>Block 1:</b> 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. <b>Note:</b> Where an individual or organization is receiving service that falls under different											
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, the with the number of subscribers a sufficient.	able service to once again und has rate categ tiers of service	addition der "Sei jories fo s that in	nal sets would be rvice to additional or secondary tran nclude one or mo	include set(s)." smissior re secor	d in the count un service that an adary transmiss	inder "Serv re different sions), list t	ice to the from those hem, together				
		DCK 1					BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТЕ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential: • Service to first set		958		ssentia			64	\$ 31.			
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>											
	Motel, hotel Commercial Converter											
	Residential     Non-residential											
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ran not covered in space E, that is, t service for a single fee. There and furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ran Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	tte (not subscri those services re two exceptio or facilities fur nit in which it is rate column. te charged by t your cable sy separate char	ber) inf that ar ons: you nished s usuall the cab ystem fu ge was	ormation with res e not offered in co u do not need to g to nonsubscriber y billed. If any rat le system for eac urnished or offere made or establis	ombinati give rate s. Rate i es are c ch of the d during	ion with any sec information co information sho harged on a va applicable serv the accounting	condary tra ncerning (1 uld include riable per-p rices listed. period tha	nsmission ) services both the program basis, t were not				
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERV		RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE			
	Continuing Services: • Pay cable		Install	ation: Non-resid			Expande		\$ 109.			
	Pay cable—add'l channel     Fire protection		•Pa	mmercial y cable	n n o l		HBO Showtim	16	\$ 17. \$ 13.			
	•Burglar protection Installation: Residential • First set		• Fir	y cable-add'l cha e protection rglar protection	nnei		Starz! Cinemax Platinum		\$ 13. \$ 12. \$ 45.			
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>		•Re	services: connect sconnect								
	CONVENEE					L						

LEGAL NAME OF OW	NER OF CABLE SY	YSTEM:			SYSTEM ID#	Name	
The Conneaut	The Conneaut Telephone Co62642						
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba	system during t tions in effect o 6.61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period, except 981, permitting tl referring to 76.6 paragraph.	(1) stations carrient ne carriage of cerriage (2) (2) and (3)];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television	
basis under specifc F		-	-	s carried by your	cable system on a substitute program	Television	
station was carried • List the station here, basis. For further in	l only on a subs and also in spa nformation cond	stitute basis. ace I, if the sta	ation was carrie	d both on a substi	ent and Program Log)—if the tute basis and also on some other of the general instructions located		
in the paper SA3 for <b>Column 1:</b> List each		sign. Do not	report originatio	n program service	es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi-		
WETA-simulcast).					ch stream separately; for example		
			-		tion for broadcasting over-the-air in may be different from the channel		
on which your cable s	ystem carried tl	he station.		•			
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
(for independent multi	icast), "E" (for n	noncommercia	al educational), o	or "E-M" (for nonc	ommercial educational multicast).		
For the meaning of the Column 4: If the s					he paper SA3 form. es". If not, enter "No". For an ex-		
planation of local serv	rice area, see p	age (v) of the	general instruct	tions located in th	e paper SA3 form.		
•				•	stating the basis on which your tering "LAC" if your cable system		
carried the distant sta	tion on a part-ti	me basis bec	ause of lack of a	activated channel	capacity.		
For the retransmis	sion of a distan	t multicast str	eam that is not a	subiect to a rovalt	y payment because it is the subject		
of a writton agroomon							
•	t entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	stem or an association representing ary transmitter, enter the designa-		
the cable system and tion "E" (exempt). For	t entered into o a primary trans simulcasts, als	n or before Ju mitter or an a o enter "E". If	une 30, 2009, be issociation repre- you carried the	etween a cable sy esenting the prima channel on any o	stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further		
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LEGAL NAME OF OW					SYSTEM ID#	Name
The Conneaut	Telephone	Со			62642	
PRIMARY TRANSMIT	ERS: TELEVISI	ON				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis basis under specifc F • Do not list the station station was carried • List the station here basis. For further i in the paper SA3 fr Column 1: List ea each multicast stream cast stream as "WET WETA-simulcast). Column 2: Give th its community of licer on which your cable s Column 3: Indicat educational station, b (for independent mult For the meaning of th Column 4: If the s planation of local serv Column 5: If you I cable system carried carried the distant sta For the retransmis of a written agreemer the cable system and tion "E" (exempt). For explanation of these t Column 6: Give th FCC. For Mexican or	G, identify ever system during t tions in effect o 6.61(e)(2) and ( asis, as explaine <b>Stations:</b> With CC rules, regula n here in space d only on a subs , and also in spa nformation condor orm. ch station's call n associated wit A-2". Simulcast me channel num ise. For example y entering the le icast), "E" (for n ese terms, see tation is outside vice area, see p have entered "Y the distant station tion on a part-tin sion of a distant at entered into o a primary trans of canadian station	y television st he accounting n June 24, 19 (4), or 76.63 ( ed in the next respect to an ations, or auth G—but do lis titute basis. ace I, if the sta cerning substi sign. Do not h a station ac streams must ber the FCC I e, WRC is Ch he station. whether the s etter "N" (for n ioncommercia page (v) of the e the local ser age (v) of the es" in column on during the me basis bec t multicast str n or before Ju mitter or an a o enter "E". If see page (v	g period, except 81, permitting th referring to 76.6 paragraph. y distant station norizations: at it in space I (th ation was carried itute basis station report origination cording to its ow at be reported in has assigned to nannel 4 in Wash tation is a network has an etwork), "N-M" al educational), of the general instruct of a general instruct o	(1) stations carrie the carriage of cert of (e)(2) and (4))]; is carried by your of the Special Statem d both on a substi- ons, see page (v) of a program service ver-the-air designat column 1 (list eac the television stat hington, D.C. This ork station, an inde (for network multion or "E-M" (for nonce ctions located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by en activated channel subject to a royalt etween a cable sy esenting the primatic channel on any of instructions located list the community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ury transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	<b>G</b> <u>Primary</u> <u>Transmitters</u> <u>Television</u>
Note: If you are utilizi	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
	_	CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WSEE-DT	35.1	N	No		ERIE, PA	
WSEE-DT2	35.2	NM	No		ERIE, PA	
WSEE-DT4	35.4	NM	No		ERIE, PA	
WUAB-DT	43.1	N	No		CLEVELAND, OH	
WUAB-DT2	43.2	NM	No		CLEVELAND, OH	
WQLN-DT	54.1	Е	No		ERIE, PA	
WQLN-DT2	54.2	EM	No		ERIE, PA	
WQLN-DT3	54.3	EM	No		ERIE, PA	
WBNX-DT	55.1	N	No		CLEVELAND, OH	
WBNX-DT2	55.2	NM	No		CLEVELAND, OH	
WBNX-DT2	55.3	NM	No		CLEVELAND, OH	
	33.3	1 4 1 4 1	140			

	WNER OF CABLE SY				SYSTEM ID#	Name
The Conneau	ut Telephone	Со			62642	Name
PRIMARY TRANSMI	TTERS: TELEVISI	ON				
carried by your cab FCC rules and regu 76.59(d)(2) and (4) substitute program	le system during t Ilations in effect o , 76.61(e)(2) and ( basis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period, except 081, permitting th referring to 76.6 paragraph.	(1) stations carrient ne carriage of cerria (e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary Transmitters
Substitute Basi basis under specifc		-	•	s carried by your	cable system on a substitute program	Television
<ul> <li>Do not list the stat</li> </ul>	tion here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
<ul> <li>List the station here</li> </ul>	r information cond	ace I, if the sta			tute basis and also on some other of the general instructions located	
		•			es such as HBO, ESPN, etc. Identify	
			•	0	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).	the channel num	ber the ECC I	has assigned to	the television sta	tion for broadcasting over-the-air in	
its community of lice	ense. For example	e, WRC is Ch	-		s may be different from the channel	
on which your cable Column 3: Indic			tation is a netwo	ork station. an ind	ependent station, or a noncommercial	
educational station,	by entering the le	etter "N" (for n	etwork), "N-M" (	(for network multi	cast), "I" (for independent), "I-M"	
· ·			,.	•	ommercial educational multicast). he paper SA3 form.	
Column 4: If the	e station is outside	e the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local se Column 5: If you					e paper SA3 form. stating the basis on which your	
cable system carrie	d the distant station	on during the	accounting peri	od. Indicate by en	tering "LAC" if your cable system	
carried the distant s For the retransm	•				capacity. y payment because it is the subject	
of a written agreem	ent entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	stem or an association representing	
,			•	0 1	rry transmitter, enter the designa- ther basis, enter "O." For a further	
explanation of these	e three categories	, see page (v	) of the general	instructions locate	ed in the paper SA3 form.	
					y to which the station is licensed by the h which the station is identifed.	
Note: If you are util	izing multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AC		
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)		
	3.1	N	No		CLEVELAND, OH	
	3.2	NM	No		CLEVELAND, OH	
WKYC-DT3	3.3	NM	No		CLEVELAND, OH	
WEWS-DT	5.1	N	No		CLEVELAND, OH	
WEWS-DT2	5.2	NM	No		CLEVELAND, OH	
WJW-DT	8.1	N	No		CLEVELAND, OH	
WJW-DT2	8.2	NM	No		CLEVELAND, OH	
WJW-DT3	8.3	NM	No		CLEVELAND, OH	
WJW-DT4	8.4	NM	No		CLEVELAND, OH	
WOIO-DT	19.1	N	No		SHAKER HEIGHTS, OH	
WOIO-DT2	19.2	NM	No		SHAKER HEIGHTS, OH	
WVIZ-DT	25.1	Е	No		CLEVELAND, OH	
WVIZ-DT2	25.2	EM	No		CLEVELAND, OH	
WVIZ-DT3	25.3	ЕМ	No		CLEVELAND, OH	
WVIZ-DT4	25.4	EM	No		CLEVELAND, OH	
		1				

CLEVELAND, OH

CLEVELAND, OH

WUAB-DT

WUAB-DT2

43.1

43.2

Ν

NM

No

No

The Conneau	VNER OF CABLE SY	'STEM:			SYSTEM ID#	Name -
	t Telephone (	Со			62642	Name
PRIMARY TRANSMIT	TERS: TELEVISI	N				
carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program b <b>Substitute Basis</b> basis under specifc Do not list the station station was carried List the station here basis. For further in the paper SA3 <b>Column 1:</b> List e each multicast strea	e system during the system during the ations in effect of 76.61(e)(2) and (basis, as explained <b>s Stations:</b> With FCC rules, regulation here in space and also in space and also in space information concerts form. ach station's call m associated with	he accounting n June 24, 19 (4), or 76.63 (r ed in the next p respect to any ations, or auth G—but do list titute basis. ace I, if the sta cerning substit sign. Do not r h a station acc	period, except 81, permitting th referring to 76.6 paragraph. y distant stations orizations: t it in space I (th ation was carried tute basis statio report originatio cording to its ov	(1) stations carrie ne carriage of cer (1(e)(2) and (4))]; s carried by your ne Special Statem d both on a subst ns, see page (v) n program service rer-the-air designa	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program nent and Program Log)—if the itute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	<b>G</b> Primary Transmitters Television
ts community of lice on which your cable <b>Column 3:</b> Indica educational station, I for independent mu For the meaning of t <b>Column 4:</b> If the olanation of local set <b>Column 5:</b> If you cable system carried carried the distant st For the retransmi of a written agreeme he cable system and ion "E" (exempt). For explanation of these <b>Column 6:</b> Give	ense. For example system carried th ate in each case we by entering the le lticast), "E" (for n hese terms, see station is outside rvice area, see par have entered "Y d the distant static tation on a part-tin ssion of a distant ent entered into ou d a primary trans or simulcasts, also three categories the location of ea r Canadian statio	e, WRC is Char ne station. whether the st etter "N" (for monocommercial page (v) of the est the local servage (v) of the es" in column on during the a me basis beca t multicast stree n or before Ju mitter or an as o enter "E". If , see page (v) ach station. Fo ons, if any, giv	annel 4 in Wash attion is a netwo etwork), "N-M" ( l educational), o e general instru- vice area, (i.e. " general instruct 4, you must con accounting perio ause of lack of a eam that is not s ine 30, 2009, be ssociation repre- you carried the of the general or U.S. stations, e the name of th	hington, D.C. This ork station, an ind (for network multi- or "E-M" (for none ctions located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by en activated channel subject to a royalt etween a cable sy esenting the prima channel on any co- instructions located list the community wit	stating the basis on which your thering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. ty to which the station is licensed by the h which the station is identifed.	
-		CHANN	EL LINE-UP	AC	· · · · · · · · · · · · · · · · · · ·	
1. CALL	2. B'CAST	_				
SIGN	CHANNEL NUMBER	OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		OF	_	CARRIAGE	6. LOCATION OF STATION	
WBNX-DT	NUMBER	OF STATION	(Yes or No)	CARRIAGE		
WBNX-DT WBNX-DT2	NUMBER 55.1	OF STATION <b>N</b>	(Yes or No) <b>No</b>	CARRIAGE	CLEVELAND, OH	
SIGN WBNX-DT WBNX-DT2 WBNX-DT3	NUMBER 55.1 55.2	OF STATION N NM	(Yes or No) No No	CARRIAGE	CLEVELAND, OH CLEVELAND, OH	

Name	LEGAL NAME OF	OWNER OF CAB	LE SYSTE	EM:				SYSTEM ID#
Name	The Connea	ut Telepho	ne Co					62642
Н	In General: Lis	t every radio s	station ca	, arried on a separate and discr enerally receivable" by your ca				
Primary Transmitters: Radio	receivable if (1) on the basis of For detailed infe located in the p <b>Column 1:</b> Io	it is carried b monitoring, to ormation abou aper SA3 forn dentify the call	y the sys be rece it the the n. I sign of	<b>II-Band FM Carriage:</b> Under stem whenever it is received a ived at the headend, with the e Copyright Office regulations each station carried. on is AM or FM.	at the system's he system's FM ant	eadend, and ( enna, during d	2) it can certain s	be expected, tated intervals.
	Column 3: If signal, indicate Column 4: C	the radio stat this by placing Give the station	ion's sig g a chec n's locati	In a was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	ne station is licer	used by the FC		
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	WYBL	FM	0/0	ASHTABULA, OH	UALL DIGIN	AWIOTIW	0,0	

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2020/		
LEGAL NAME OF OWNER OF		EM:				SYSTEM ID#	Name		
The Conneaut Telephone Co   62642									
SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm form. 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No log in block 2.	tify every no ccounting pen ning that must riod, did you tion?	nnetwork televi eriod, under sp st be included i NING SUBS	sion program broadcast by ecific present and former F( n this log, see page (v) of th <b>FITUTE CARRIAGE</b> n carry, on a substitute bas	a distant stati CC rules, regu ne general ins	etwork television p	the paper SA3	Substitute Carriage: Special Statement and Program Log		
<ol> <li>LOG OF SUBSTITUTE In General: List each substiclear. If you need more spatiation of the title period, was broadcast by a under certain FCC rules, resume shares for further informatitles, for example, "I Love I Column 2: If the programe column 3: Give the call Column 4: Give the broad the case of Mexican or Carres Column 5: Give the more first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."</li> </ol>	titute progra ace, please of every no distant stat gulations, c ation. Do no Lucy" or "NE n was broad sign of the adcast station adian station th and day we "5/7." es when the Example: a er "R" if the and regulation rogramming	am on a separa attach addition nnetwork telev- ion and that you or authorization of use general 3A Basketball: dcast live, enter station broadca on's location (to ons, if any, the when your system a program carr listed program ons in effect d	hal pages. vision program (substitute pour cable system substitute hs. See page (vi) of the ge categories like "movies", of 76ers vs. Bulls." er "Yes." Otherwise enter "I asting the substitute progra he community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01 h was substituted for prograving the accounting perio	brogram) that ad for the pro neral instruct or "basketball No." am. e station is lic station is lic station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	t, during the accou gramming of anot ions located in the ". List specific pro ensed by the FCC entified). e numerals, with the n. List the times ac 28:30 p.m. should your system was r etter "P" if the liste	unting her station e paper ogram c or, in he month ccurately I be required ed pro			
		E PROGRAM	1		EN SUBSTITUTE	/ REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	TO			
				·					
			·	· ·					
	·			· ·					
			·	·					

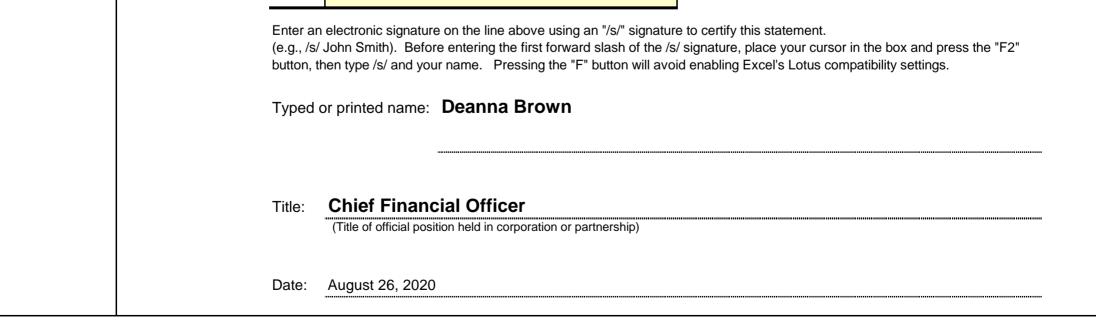
	PERIOD: 2020/1								A SA3E. PAGE 6.		
Name	LEGAL NAME OF C								8YSTEM ID# 62642		
J Part-Time Carriage Log	<ul> <li>PART-TIME CARRIAGE LOG</li> <li>In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- time carriage due to lack of 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.</li> <li>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.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- curred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>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."</li> <li>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."</li> </ul>										
			DA	TES AND HOURS	OF F	PART-TIME CAR	RIAGE				
		WHEN	I CARRIAGE C	CCURRED			WHEN	N CARRIAGE OCCI	JRRED		
	CALL SIGN	DATE	FROM	IOURS TO		CALL SIGN	DATE	HOU	RS TO		
		DATE	FROM	_			DATE		10		
				_							
				_							
					-						
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					-						
					-						

	al name of owner of cable system: e Conneaut Telephone Co		SYSTEM ID# 62642	Name
	· · · ·			
Inst all a (as	<b>OSS RECEIPTS</b> <b>tructions</b> : The figure you give in this space determines the form you fle and the amount y amounts (gross receipts) paid to your cable system by subscribers for the system's secon identifed in space E) during the accounting period. For a further explanation of how to con ge (vii) of the general instructions.	dary transmission s	service	<b>K</b> Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$	543,203.90	
IMP	<b>PORTANT:</b> You must complete a statement in space P concerning gross receipts.	(Amount of gro	oss receipts)	
<ul> <li>Instru</li> <li>Cor</li> <li>Cor</li> <li>If you fee</li> <li>If you fee</li> </ul>	YRIGHT ROYALTY FEE Juctions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. bur system did not carry any distant television stations, leave block 3 blank. Enter the amo from block 1 on line 1 of block 4, and calculate the total royalty fee. bur system did carry any distant television stations, you must complete the applicable part companying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ck 3 below.	entered on line 1 of		
•	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be en elow.	ntered on line 2 in b	lock	
•	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered on line	9	
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 percent of	the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	543,203.90	
	This is your minimum fee.	\$	5,779.69	
Block 2	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> <li>x No—Leave block 3 below blank and complete the DSE schedule.</li> </ul>	h 4, you must check	<	
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	\$		
Ū	Line 2. <b>3.75 Fee:</b> 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	\$		
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	\$	5,779.69	Cable systems
	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		0.00	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 the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.Add Lines 1, 2 and 3 of block 4 and enter total here	\$	6,504.69	form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions tal		ion.)	

ACCOUNTING PERIOD: 2020/1

FORM SA3E. PAGE 8.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	The Conneaut Telephone Co	62642
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable       26         system carried television broadcast stations       26	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations 238 and nonbroadcast services	
N Individual to	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Deanna Brown Telephone 440-593-7138	
	Address 224 State Street, PO Box 579	
	(Number, street, rural route, apartment, or suite number)	
	Conneaut, OH 44030-2637 (City, town, state, zip)	
	Email dbrown@greatwavecom.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.	em
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	X /s/ Deanna Brown	



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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

FORM SA3E.	PAGE9
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID#	Name
The Conneaut Telephone Co62642	name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	<b>P</b> Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name       Name         Mailing Address       Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest
x	Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
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 this	
form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone	

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.

#### DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID#
	The Conneaut Telephon	e Co				62642
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line				0.00	
2	Instructions: In the column headed "Call S of space G (page 3).	<b>ign":</b> list the ca	Il signs of all distant stations	identified by t	he letter "O" in column 5	
Computation of DSEs for	In the column headed "DSE" mercial educational station, giv		25."		each network or noncom-	
Category "O"		DOF	CATEGORY "O" STATION			DOF
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary. Remember to copy						
all formula into new						
rows.						
	homenenenenenenenenenenenen	<b>.</b>		B	hud	II

		T T	

Name	The Connea	OWNER OF CABLE SYSTEM: IUT Telephone Co						3	YSTEM II 6264	
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried ou Column 5 give the type- Column 6	<ul> <li>: CAPACITY ist the call sign of all dista</li> <li>2: For each station, give the correspond with the infor</li> <li>3: For each station, give the d: Divide the figure in colu- at at least to the third decires</li> <li>5: For each independent se- value as ".25."</li> <li>6: Multiply the figure in colu- point. This is the station's</li> </ul>	he number of mation given i he total numbe umn 2 by the fi mal point. This station, give th lumn 4 by the	hours your cable syste in space J. Calculate o er of hours that the sta igure in column 3, and s is the "basis of carriag ne "type-value" as "1.0. figure in column 5, and	em carried the stati only one DSE for ea tion broadcast ove give the result in c ge value" for the st " For each network d give the result in	on during th ach station. er the air dur lecimals in o ation. < or noncom column 6. F	ing the accou column 4. Thi mercial educ Round to no le	unting period. s figure must cational station, ess than the		
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTATIO	ON OF DS	SEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGI VALUE	Ē	5. TYPE VALUE	6. DS	E	
			÷		=	x		=		
			÷ ÷		=	x x		=		
			÷		=			=		
			÷		=	x	x = x = x =	=		
			÷ ÷							
		÷ = X ÷ = X						=		
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of pa		hedule,			0.00			
	Instructions:	ve the call sign of each st		space I (page 5, the Lo				and regular-		
<b>4</b> Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your system in subst ect on October 19, 1976 ( one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE	as shown by t ork programs of number of live spond with the s in the calend on 2 by the figu	the letter "P" in column during that optional carr e, nonnetwork progran e information in space l lar year: 365, except in ure in column 3, and gi	7 of space I); and riage (as shown by t ns carried in substi a leap year. ive the result in col	tution for pr ution for pr	s" in column 2 ograms that v nd to no less	of were deleted than the third	m).	
of DSEs for Substitute-	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your system in subst ect on October 19, 1976 ( one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE	as shown by t ork programs of number of live spond with the s in the calend nn 2 by the fige (For more info	the letter "P" in column during that optional carr e, nonnetwork progran e information in space l lar year: 365, except in ure in column 3, and gi	7 of space I); and riage (as shown by t ns carried in substi a leap year. ive the result in col see page (viii) of th	tution for pr tution for pr umn 4. Rou ne general ir	s" in column 2 ograms that v nd to no less istructions in	of were deleted than the third	m).	
of DSEs for Substitute-	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your system in subst ect on October 19, 1976 ( one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE SU 2. NUMBER OF PROGRAMS	as shown by to ork programs of spond with the s in the calend on 2 by the figure (For more info BSTITUTE 3. NUMB OF DAY IN YEA	the letter "P" in column during that optional carr e, nonnetwork program e information in space l lar year: 365, except in ure in column 3, and gi ormation on rounding, s -BASIS STATION ER 4. DSE YS R	7 of space I); and riage (as shown by t ns carried in substi a leap year. ive the result in col see page (viii) of th	tution for pr umn 4. Rou e general ir <u>TION OF</u> 2. NUM OF	s" in column 2 ograms that w nd to no less istructions in DSEs IBER	of were deleted than the third	4. DSE	
of DSEs for Substitute-	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point.     1. CALL	d by your system in subst ect on October 19, 1976 ( one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE SU 2. NUMBER OF PROGRAMS	as shown by to ork programs of spond with the s in the calend on 2 by the figure (For more information) BSTITUTE 3. NUMBIN OF DANNIN YEA	the letter "P" in column during that optional carr e, nonnetwork program e information in space l lar year: 365, except in ure in column 3, and gi prmation on rounding, s <u>-BASIS STATION</u> ER 4. DSE YS	7 of space I); and riage (as shown by t ns carried in substi- a leap year. ive the result in col see page (viii) of th IS: COMPUTA 1. CALL	tution for pr umn 4. Rou e general ir <u>TION OF</u> 2. NUM OF	s" in column 2 ograms that w nd to no less istructions in DSEs IBER IGRAMS	of were deleted than the third the paper SA3 for 3. NUMBER OF DAYS		
of DSEs for Substitute-	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point.     1. CALL	d by your system in subst ect on October 19, 1976 ( one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE SU 2. NUMBER OF PROGRAMS	as shown by to ork programs of spond with the s in the calend (For more info BSTITUTE 3. NUMB OF DA IN YEA	the letter "P" in column during that optional carr e, nonnetwork program e information in space I lar year: 365, except in ure in column 3, and gi ormation on rounding, s <u>C-BASIS STATION</u> ER 4. DSE YS R =	7 of space I); and riage (as shown by t ns carried in substi- a leap year. ive the result in col see page (viii) of th IS: COMPUTA 1. CALL	tution for pr umn 4. Rou e general ir <u>TION OF</u> 2. NUM OF	s" in column 2 ograms that w nd to no less istructions in DSEs IBER	of were deleted than the third the paper SA3 for 3. NUMBER OF DAYS	4. DSE =	
of DSEs for	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point.     1. CALL	d by your system in subst ect on October 19, 1976 ( one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE SU 2. NUMBER OF PROGRAMS ÷	as shown by to ork programs of spond with the s in the calend on 2 by the figure (For more info BSTITUTE 3. NUMB OF DAY IN YEA	the letter "P" in column during that optional carr e, nonnetwork program e information in space l lar year: 365, except in ure in column 3, and gi ormation on rounding, s -BASIS STATION ER 4. DSE YS R = =	7 of space I); and riage (as shown by t ns carried in substi- a leap year. ive the result in col see page (viii) of th IS: COMPUTA 1. CALL	tution for pr umn 4. Rou e general ir <u>TION OF</u> 2. NUM OF	s" in column 2 ograms that w nd to no less istructions in DSEs IBER IGRAMS ÷	of were deleted than the third the paper SA3 for 3. NUMBER OF DAYS	4. DSF = =	
of DSEs for Substitute-	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point.     1. CALL	d by your system in subst ect on October 19, 1976 ( one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE SU 2. NUMBER OF PROGRAMS ÷	as shown by to ork programs of live spond with the sin the calend on 2 by the figure (For more information 2 by the figure (Formation 2 by the figure (Fo	the letter "P" in column during that optional carr e, nonnetwork program e information in space I lar year: 365, except in ure in column 3, and gi ormation on rounding, s <u>C-BASIS STATION</u> ER 4. DSE YS R = = =	7 of space I); and riage (as shown by t ns carried in substi- a leap year. ive the result in col see page (viii) of th IS: COMPUTA 1. CALL	tution for pr umn 4. Rou e general ir <u>TION OF</u> 2. NUM OF	s" in column 2 ograms that v nd to no less istructions in DSEs IBER IGRAMS ÷ ÷	of were deleted than the third the paper SA3 for 3. NUMBER OF DAYS	4. DSE = = =	

Enter the sum here and in line 3 of part 5 of this schedule,	· · · · · · · · · · · · · · · · · · ·	.00
<b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in number of DSEs applicable to your system.	parts 2, 3, and 4 of this schedule and add them to pro	vide the total
1. Number of DSEs from part 2●	►	0.00
2. Number of DSEs from part 3●	<b>&gt;</b>	0.00
3. Number of DSEs from part 4 ●		0.00
TOTAL NUMBER OF DSEs		► 0.
-	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in p         number of DSEs applicable to your system.         1. Number of DSEs from part 2 •         2. Number of DSEs from part 3 •	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to pronumber of DSEs applicable to your system.         1. Number of DSEs from part 2 •       •         2. Number of DSEs from part 3 •       •         3. Number of DSEs from part 4 •       •

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Form SA3E Long Form (Rev. 05-17)

	WNER OF CABLE S						S	YSTEM ID#	Namo
								62642	
Instructions: Bloc In block A: • If your answer if schedule. • If your answer if		mainder of p	below.	7 of the DSE sched		complete part	: 8, (page 16) of th	e	<b>6</b> Computation of
		utside of all n		ler markets as defi		tion 76.5 of F	CC rules and regu	lations in	3.75 Fee
			O NOT COMP	LETE THE REMAI	NDER OF PA	RT 6 AND 7.			
		BLO	CK B: CARR		MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	ion of permitte	d stations, see the	;	
Column 2: BASIS OF PERMITTED CARRIAGE	<ul> <li>(Note the FCC rule</li> <li>A Stations carrier</li> <li>76.61(b)(c)]</li> <li>B Specialty station</li> <li>C Noncommerication</li> <li>D Grandfathered</li> <li>instructions for</li> <li>E Carried pursuation</li> <li>*F A station present</li> </ul>	les and regu ed pursuant t on as defined al educationa d station (76.6 r DSE sched ant to individu viously carrie JHF station w	lations cited be o the FCC mar l in 76.5(kk) (76 al station [76.59 55) (see parage ule). ual waiver of F0 d on a part-tim ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on .57, 76.59(b), )(1), 76.63(a) 3(a) referring stitution of gra is prior to Jun	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered sta e 25, 1981	6.63(a) referring to .61(e)(1) ations in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o atter "F" in column 2			orksheet on page f	I4 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	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this s	schedule				-	
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve				-	
Line 3: Subtract (If zero, I				of DSEs subject 7 of this schedule		ate.		0.00	
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	ind enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3					-	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
The Conneau	t Telephone C	ο						62642	N a sea a
				SION MARKET					
4.0011								3. DSE	6
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	U
									Computation of
									3.75 Fee
	[								
	[	I							

		•	• •	•	•

U.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

	ephone (						62642	Name
E		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH			IIP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate F
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
oss Receipts First G	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
<b>ise Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP					
OMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				Total DSEs			0.00	
otal DSEs			0.00					
otal DSEs ross Receipts Third G	iroup	\$	0.00 0.00	Gross Receipts Four	th Group	\$	0.00	
eipts Third G		\$		Gross Receipts Four Base Rate Fee Four		\$	0.00	
oss Receipts Third G I <b>se Rate Fee</b> Third G	Group		0.00		th Group			

LEGAL NAME OF OWNER The Conneaut Tele						SYS	STEM ID# 62642	Name
Bl	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GROU			SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Sum dia stand
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Otations
Total DSEs	1 1		0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
S	EVENTH	SUBSCRIBER GROU	Р		EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block :			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER The Conneaut Tele						SYS	62642	Name
Bl	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GROU			TENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GROU	Р		TWELVTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER The Conneaut Tele						SYS	STEM ID# 62642	Name
BL	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIR COMMUNITY/ AREA	TEENTH	SUBSCRIBER GROU	P 0	FOURTEENTH SUBSCRIBER GROUP       COMMUNITY/ AREA     0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Symplicated
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs	0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
	TEENTH	SUBSCRIBER GROU		S				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	- I	-	0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER The Conneaut Tele						SYS	62642	Name
BI	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVENTEENTH SUBSCRIBER GROUP					HTEENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								otations
Total DSEs	11		0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NIN	ITEENTH	SUBSCRIBER GROU	Р	Тν				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER The Conneaut Tele						SYS	STEM ID# 62642	Name
				TE FEES FOR EACH				
TWENT COMMUNITY/ AREA	TY-FIRST	SUBSCRIBER GROU	P 0	TWENTY COMMUNITY/ AREA	0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL		DOL		DOL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	-	\$	0.00	Base Rate Fee Second		\$	0.00	
	Y-THIRD	SUBSCRIBER GROU		TWENTY				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	I		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNEF The Conneaut Tele						SYS	62642	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
	TY-FIFTH	SUBSCRIBER GROU			NTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	LL SIGN DSE CALL SIGN DSE				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 Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-S	SEVENTH	SUBSCRIBER GROU	Р	TWENT				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER The Conneaut Tele						SYS	62642	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
	TWENTY-NINTH SUBSCRIBER GROUP				HIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Sum dia stand
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Clairene
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	Р	THIRTY				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER The Conneaut Tele						SYS	STEM ID# 62642	Name		
				TE FEES FOR EACH						
	Y-THIRD	SUBSCRIBER GROU			-FOURTH	SUBSCRIBER GROUP	•	9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								Base Rate Fee		
								and Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially Distant		
								Stations		
Total DSEs			0.00	Total DSEs	0.00					
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00			
THIR	TY-FIFTH	SUBSCRIBER GROU	Р	ТНІЯ						
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
				-						
Total DSEs	I		0.00	Total DSEs			0.00			
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
·					-					
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes at	00Ve.	\$				

LEGAL NAME OF OWNER The Conneaut Tele						SYS	STEM ID# 62642	Name		
				TE FEES FOR EACH						
THIRTY-S COMMUNITY/ AREA	EVENTH	SUBSCRIBER GROU	P 0	THIRT COMMUNITY/ AREA	THIRTY-EIGHTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								Base Rate Fee		
								and		
								Syndicated Exclusivity		
								Surcharge		
						_		for		
								Partially Distant		
								Stations		
				-						
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00			
	Y-NINTH	SUBSCRIBER GROU								
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs	I		0.00	Total DSEs			0.00			
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes at	oove.	\$				

LEGAL NAME OF OWNEF The Conneaut Tele						SY	STEM ID# 62642	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROUP		Ω
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> 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 Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	~ P	<u>•</u>			2.044			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Basa Bata Faar Add the	hase	o food for each autor	ibor group	as shown in the boxes at				
Enter here and in block			iner Aronh	as shown in the DOXES at		\$	0.00	

LEGAL NAME OF OWNE The Conneaut Tel						S	62642	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	I SUBSCR	IBER GROUP		
	NINTH	SUBSCRIBER GRO	UP		TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	OMMUNITY/ AREA <b>0</b>						0	<b>9</b> Computation
CALL SIGN	CALL SIGN DSE CALL SIGN DSE			CALL SIGN	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	\$	0.00	Gross Receipts Secor				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ΕΕ	LEVENTH	SUBSCRIBER GRO			TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER The Conneaut Tele						S	STEM ID# 62642	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
THIRTEENTH SUBSCRIBER GROUP					IRTEENTH	SUBSCRIBER GROUI		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE CALL SIGN DSE			CALL SIGN	DSE	of		
								Base Rate Fee
								and Syndicated
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	TEENTH	SUBSCRIBER GROU			IXTEENTH	SUBSCRIBER GROUI	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	-				-			
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNEF The Conneaut Tele						SY	STEM ID# 62642	Name
				TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVENTEENTH SUBSCRIBER GROUP				1	GHTEENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>Computation</b>
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 Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	TEENTH	SUBSCRIBER GROU	Р	Т\	WENTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	e base rate	e fees for each subsci	iber group	as shown in the boxes al	bove.			
Enter here and in block	ວ, iine 1, s	pace ∟ (page 7)				<b>۵</b>		

LEGAL NAME OF OWNER The Conneaut Tele						S	STEM ID# 62642	Name
				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GROU			-SECOND	SUBSCRIBER GROUI		9
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs	0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	TY-THIRD	SUBSCRIBER GROU			Y-FOURTH	SUBSCRIBER GROUI	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			iber group :	as shown in the boxes al	oove.	\$		

LEGAL NAME OF OWNER The Conneaut Tele						SY	STEM ID# 62642	Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GROU			NTY-SIXTH	SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA 0				COMMUNITY/ AREA	Computation			
CALL SIGN	N DSE CALL SIGN DSE			CALL SIGN	DSE	of		
					DSE	CALL SIGN		Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-S	EVENTH	SUBSCRIBER GROU	Р	TWENT	Y-EIGHTH	SUBSCRIBER GROUP	,	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			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		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNEF The Conneaut Tele						SY	STEM ID# 62642	Name
				TE FEES FOR EACH		BER GROUP SUBSCRIBER GROUP		
	Y-NINTH	SUBSCRIBER GROU				9		
COMMUNITY/ AREA 0				COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	Р	THIRTY	-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 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		0.00	Gross Receipts Fourth Group \$		\$	0.00		
·	·				·			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subsor	iber aroun	as shown in the boxes at				
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group Enter here and in block 3, line 1, space L (page 7)						\$		

LEGAL NAME OF OWNEF The Conneaut Tele						S	YSTEM ID# 62642	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		1	Y-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA 0				COMMUNITY/ AREA		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 Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gro	•	\$	0.00	Base Rate Fee Secon		\$	0.00	
COMMUNITY/ AREA	IY-FIFIH	SUBSCRIBER GROU	0 1P	COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GROU	9 0	
COMMONIT I/ AREA			U	COMMONT I/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER The Conneaut Tele						S	YSTEM ID# 62642	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GROU		THIR	IP 0	9		
COMMUNITY/ AREA 0				COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Sum diseased
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
						_		
			0.00				0.00	
Total DSEs			0.00	Total DSEs	0.00			
Gross Receipts First Gro	quo	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	Ρ					
COMMUNITY/ AREA			0	COMMUNITY/ AREA			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		0.00	Gross Receipts Fourth	Group	\$	0.00		
	<b>F</b>	·			- · - • F	·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	bove.	\$		