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@loc.gov

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

Α	A	cc		IG PERI		VERED) ВҮ ТНІ	IS STAT	EMENT:					
Accounting			2020/2											
Period		-	2020/2											
B Owner	rate	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 TEKSTAR COMMUNICATIONS, INC.										1938		
		Т	FEKSTA	R COM	MUNIC	CATION	NS, INC.	-						
													193	820202
													1938	2020/2
		1	50 2ND	ST SW										
		P	PERHAN	1, MN 5	6573									
С												and operation of the system of the system of the system of the address give		
System	1		DENTIFICAT		BLE SYST	TEM:								
		м	AILING AD	DRESS OF	CABLE S	YSTEM:								
	2	2 (N	Number, stree	t, rural route,	apartment, o	or suite numl	nber)							
		(C	City, town, stat	e, zip code)										
D	Ine	stri	uctions	For comp	ete snac	ce D inst	tructions	see page	1h Identify	only the fret o	ommu	nity served below and re	list on nade	a 1h
Area			all commu	•	010 0040			ooo page	ro. roontiry	only the hot o	cininu		not on page	
Served		С	ITY OR TO	OWN						STATE				
First		Ρ	PERHAN	Λ						MN				
Community	E	Belo	ow is a sa	mple for	reporting	g commu	unities if ye	ou report i	multiple cha	annel line-ups	in Spa	ce G.		
		С	CITY OR TO	OWN (SAM	IPLE)					STATE		CH LINE UP	SUI	B GRP#
Sample	Alc									MD		Α		1
		lian								MD		В		2
	Ge	ering	g							MD		В		3
Privacy Act Notic	e Se	ection	n 111 of title	17 of the L	nited State	es Code au	uthorizes the	e Convright (offce to collect	the personally ide	ontifying	information (PII) requested on	this	
-												h as name, address and teleph		
	-		-	•				•				the Offce's public indexes and		
search reports pre completed record	•		•		•	•	•		• •	• •		account and its placement in th purt of law.	e	
				, .	.,						., 00			

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-25-21

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

STATEMENT OF ACCOUNT

FORM SA3E. PAGE 1b.				1					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
TEKSTAR COMMUNICATIONS, INC.			1938						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The 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.									
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	e channel line-un	for all) then either	associate						
all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rele designated by a number (based on your reporting from Part 9).	e column blank. If evant community	you report any sta with a subscriber of	tions group,						
When reporting the carriage of television broadcast stations on a community-by-commun 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 be	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
PERHAM	MN	Α	1	First					
AMOR TWP	MN	Α	1	Community					
CANDOR TWP	MN	Α	1	-					
DEAD LAKE TWP	MN	Α	1						
DENT	MN	Α	1						
EDNA TWP	MN	Α	1	See instructions for					
GORMAN TWP	MN	Α	1	additional information					
HOBART TWP	MN	A	1	on alphabetization.					
MAINE TWP	MN	A	1						
OTTERTAIL TWP	MN	A	1						
ΟΤΤΟ ΤWP	MN	A	1						
PERHAM TWP	MN	A		Add rows as necessary.					
PINE LAKE TWP	MN	A	1						
RICHVILLE	MN	A	1						
RUSH LAKE TWP	MN	Ā	1						
STAR LAKE TWP	MN	A	1						
			1						
VERGAS NEWTON TWP	MN MN	A	1						
	1	A	1						
NEW YORK MILLS	MN	A	1						
BATTLE LAKE CLITHERALL	MN	A	1						
CLITHERALL TWP	MN MN	A	1						
EVERTS	MN	A	1						
GIRARD TWP	4	A	1						
NIDAROS TWP	MN	A A	1						
SVERDRUP TWP	MN	A	1						
	MN	<u> </u>	1						
DORA TWP DEER CREEK	MN	A	1						
HENNING	MN MN	A	1						
HENNING HENNING TWP	MN	A	1						
	4	A	<u>ا</u>						
BLUFFTON BLUFFTON TWP	MN	A	2						
	MN	A	2						
BURLINGTON TWP	MN	A							
	MN	A	3						
	MN	A	3						
	MN	A	3						
LAKE EUNICE TWP CALLAWAY	MN	A	3						
	MN	A	3	I					

ERIE TWP	MN	^	3
RICHWOOD TWP	MN	Α Δ	3
SHELL LAKE TWP	MN	A A	3
FOREST TWP	MN		3
ROUND LAKE TWP	MN	A A	3
CARSONVILLE TWP	MN		3
ULEN	MN	A B	4
HAWLEY	MN		4
GARY	MN	B B	5
	MN		6
WAUBUN	MN	A	6
MAHNOMEN	MN	A A	6
OSAGE TWP	MN		7
BERTHA TWP	MN	A C	8
HEWITT	MN	C	8
STOWE PRAIRIE TWP	MN	C C	8
STOWE PRAIRIE TWP	MN		0
OSAKIS	MN	C C	8
KEGO TWP	MN	D	9
LEECH LAKE TWP			••••••••••••••••
	MN	D	9
LONGVILLE SHINGOBEE	MN	D	9
TURTLE LAKE TWP	MN MN	D	9
WABEDO TWP		D	9
MANTRAP	MN	D	9
	MN	D	
	MN	D	9
	MN	D	9
	MN	D	9
NEVIS NEVIS TWP	MN	D	9
CASS LAKE	MN	D	9
	MN	D	9
WADENA	MN	E	10
PARK RAPIDS	MN	F	11
	MN	G	12
BIGFORK CITY	MN	G	12
BOWSTRING TWP	MN	G	12
	MN	<u>A</u>	3
GREEN VALLEY TWP	MN	<u>A</u>	3
	MN	<u>A</u>	3
HEIGHT OF LAND TWP	MN	<u>A</u>	3
	MN	<u>A</u>	3
SPRING CREEK TWP	MN	<u>A</u>	3
SPRUCE GROVE TWP	MN	<u>A</u>	3
SUGAR BUSH TWP	MN	<u>A</u>	3
	MN	<u>A</u>	3
EGLON TWP	MN	B	4
KEENE TWP	MN	В	4

	MN	Α	6
LAGARDE TWP TWIN LAKES TWP	MN	A A	6
ROSEDALE TWP	MN	A	6
POPPLE GROVE TWP	MN	A	6
PEMBINA TWP	MN	A	6
OAKLAND TWP	MN		
		A	6
LITTLE ELBOW TWP LAKE GROVE TWP	MN	<u>A</u>	6
	MN	<u>A</u>	6
	MN	<u>A</u>	6
	MN	<u>A</u>	6
FOSSUM TWP	MN	Α	6
	MN	Α	6
STRAND TWP	MN	Α	6
WAUKON TWP	MN	Α	6
LaPrairie Twp	MN	Α	6
EAGLE BEND CITY	MN	С	8
WYKEHAM TWP	MN	С	8
WEST UNION TWP	MN	С	8
STOWE PRAIRIE TWP	MN	С	8
LITTLE SAUK TWP	MN	С	8
GORDON TWP	MN	С	8
GERMANIA TWP	MN	C	8
BURLEENE TWP	MN	C	8
MILLERVILLE TWP	MN	C	8
MILTONA TWP	MN	C	8
ORANGE TWP	MN	C	8
OSAKIS TWP	MN	C	8
SPRUCE HILL TWP	MN	C C	8
MILTONA CITY	MN	C	8
OSAKIS CITY	MN		0 8
	MN	C C	8
Westport Twp.	• • • • • • • • • • • • • • • • • • • •		
	MN	D	9
WHITE OAK TWP	MN	D	9
	MN	D	9
STRAIGHT RIVER TWP	MN	D	9
STEAMBOAT RIVER TWP	MN	D	9
NEVIS TWP	MN	D	9
	MN	D	9
HUBBARD TWP	MN	D	9
CROW WING LAKE TWP	MN	D	9
BADOURA TWP	MN	D	9
ARAGO TWP	MN	D	9
THOMASTOWN TWP	MN	E	10
STAPLES CITY	MN	G	12
LIBERTY TWP	MN	G	12
BIGFORK CITY	MN	G	12
MARCELL TWP	MN	G	12
STOKES TWP	MN	G	12
UNORG	MN	G	12
ST. GEORGE TWP.	MN	С	8
ST. AUGUSTA CITY	MN	С	8
THORPE	MN	D	9
EFFIE CITY	MN	G	12
BEAR PARK TWP.	MN	A	6
	MN	A	6
ROCKWELL IWP.		~	· · · · ·
ROCKWELL TWP. LAKE JESSIE TWP.	MN	G	12

	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	TEKSTAR COMMUNICA	TIONS, INC								193	
Е	SECONDARY TRANSMISSION In General: The information in s			-	-	/ transmission	service of t	he cable			
_	system, that is, the retransmission	•		0							
Secondary	about other services (including p										
Transmission	last day of the accounting period						h.l	h na lua n			
Service: Sub- scribers and	Number of Subscribers: Both	•									
Rates	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										
	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.										
		OCK 1		П			BLOO	CK 2			
		NO. OF					DLOU	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	s R	ATE	
	Residential:	_									
	Service to first set	1	1,026	\$ 48.95							
	Service to additional set(s)										
	• FM radio (if separate rate) Motel, hotel										
	Commercial										
	Converter			·····							
	Residential										
	Non-residential			·····							
				11							
	SERVICES OTHER THAN SEC	-		SIONS: RATES							
			orlinfo								
F	In General: Space F calls for rat										
F	not covered in space E, that is, t	hose services t	that are	not offered in co	mbinatio	n with any sec	ondary tran	smission			
F Services		hose services t e two exceptio	that are ns: you	not offered in co do not need to g	ombinatio jive rate i	n with any seconformation cor	ondary tran	smission services			
Other Than	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur	hose services t re two exceptio or facilities furr hit in which it is	that are ns: you nished to	not offered in co do not need to g o nonsubscribers	ombinatio jive rate i s. Rate in	n with any sec nformation cor formation shou	ondary tran icerning (1) ild include	smission services both the			
Other Than Secondary	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	hose services to re two exceptio or facilities furr hit in which it is rate column.	that are ns: you nished to usually	not offered in co do not need to g o nonsubscribers billed. If any rate	ombinatio jive rate i s. Rate in es are cha	n with any secon formation cor formation shou arged on a var	ondary tran acerning (1) uld include iable per-pl	smission services both the			
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Other Than Secondary	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	hose services the two exceptions or facilities furminit in which it is rate column. The charged by the your cable system of the two exceptions of	that are ns: you hished to usually he cable stem furn	not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered	ombinatio live rate in s. Rate in es are cha h of the a d during tl	n with any seconformation conformation should arged on a var pplicable servine accounting	ondary tran acerning (1) uld include iable per-pl ces listed. period that	smission services both the rogram basis, were not			
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Other Than Secondary Fransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection •Burglar protection Installation: Residential	hose services t re two exceptio or facilities furr hit in which it is rate column. te charged by th your cable sys separate charg btion and includ BLO0 RATE \$ 19.95 \$ 14.95	that are ns: you hished to usually he cable tem furn e was n de the ra CK 1 CATEC Installa • Mo • Con • Pay • Fire	not offered in co do not need to go o nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each. BORY OF SERV ation: Non-resid tel, hotel mmercial y cable y cable-add'l cha e protection	ombinatio give rate in s. Rate in es are cha h of the a d during the ned. List the ICE	n with any sec nformation cor formation shou arged on a var pplicable servi he accounting these other ser	ondary tran acerning (1) uld include iable per-pi ces listed. period that vices in the CATEG PAY CA PAY CA PAY CA	smission services both the rogram basis, were not e form of a BLOCK : ORY OF SERVIC BLE BLE BLE	E R. \$ \$ \$	14. 13. 7.	
Other Than Secondary Fransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Burglar protection Installation: Residential • First set	hose services t re two exceptio or facilities furr it in which it is rate column. te charged by th your cable sys separate charg otion and includ BLOO RATE \$ 19.95	that are ns: you hished to usually he cable stem furn e was n de the ra CK 1 CATEC Installa • Mo • Con • Pay • Fire • Bur	not offered in co do not need to go o nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each. CORY OF SERV ation: Non-resid tel, hotel mmercial / cable / cable-add'l cha e protection glar protection	ombinatio give rate in s. Rate in es are cha h of the a d during the ned. List the ICE	n with any sec nformation cor formation shou arged on a var pplicable servi he accounting these other ser	ondary tran acerning (1) uld include iable per-pi ces listed. period that vices in the CATEG PAY CA PAY CA PAY CA	smission services both the rogram basis, were not e form of a BLOCK : ORY OF SERVIC BLE BLE BLE	E R. \$ \$ \$	14. 13. 7.	
Other Than Secondary Fransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection Installation: Residential • First set • Additional set(s)	hose services t re two exceptio or facilities furr hit in which it is rate column. te charged by th your cable sys separate charg btion and includ BLO0 RATE \$ 19.95 \$ 14.95	that are ns: you hished to usually he cable stem fur le was n de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bur Other s	not offered in co do not need to go o nonsubscribers billed. If any rate e system for each nished or offered nade or establish te for each. CORY OF SERV ation: Non-resid tel, hotel mmercial / cable aprotection glar protection services:	ombinatio give rate in s. Rate in es are cha h of the a d during the ned. List the ICE	n with any sec nformation cor formation shou arged on a var pplicable servi he accounting these other servi RATE	ondary tran acerning (1) uld include iable per-pi ces listed. period that vices in the CATEG PAY CA PAY CA PAY CA	smission services both the rogram basis, were not e form of a BLOCK : ORY OF SERVIC BLE BLE BLE	E R. \$ \$ \$	14. 13. 7.	
Other Than Secondary Fransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Burglar protection Installation: Residential • First set	hose services t re two exceptio or facilities furr hit in which it is rate column. te charged by th your cable sys separate charg btion and includ BLO0 RATE \$ 19.95 \$ 14.95	that are ns: you hished to usually he cable stem furr e was n de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bur Other s • Red	not offered in co do not need to go o nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each. CORY OF SERV ation: Non-resid tel, hotel mmercial / cable / cable-add'l cha e protection glar protection	ombinatio give rate in s. Rate in es are cha h of the a d during the ned. List the ICE	n with any sec nformation cor formation shou arged on a var pplicable servi he accounting these other ser	ondary tran acerning (1) uld include iable per-pi ces listed. period that vices in the CATEG PAY CA PAY CA PAY CA	smission services both the rogram basis, were not e form of a BLOCK : ORY OF SERVIC BLE BLE BLE	E R. \$ \$ \$	ATE 14.3 7.2 28.3	
Other Than Secondary Fransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	hose services t re two exceptio or facilities furr hit in which it is rate column. te charged by th your cable sys separate charg btion and includ BLO0 RATE \$ 19.95 \$ 14.95	that are ns: you hished to usually he cable stem furr e was n de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bur Other s • Rec • Dis	not offered in co do not need to go o nonsubscribers billed. If any rate e system for each nade or establish the for each. GORY OF SERV ation: Non-resid tel, hotel mmercial / cable-add'l cha e protection rglar protection services: connect	ombinatio give rate in s. Rate in es are cha h of the a d during the ned. List the ICE	n with any sec nformation cor formation shou arged on a var pplicable servi he accounting these other servi RATE	ondary tran acerning (1) uld include iable per-pi ces listed. period that vices in the CATEG PAY CA PAY CA PAY CA	smission services both the rogram basis, were not e form of a BLOCK : ORY OF SERVIC BLE BLE BLE	E R. \$ \$ \$	14. 13. 7.	

FORM SA3E. PAGE 3.		OTEN			SYSTEM ID#	4
					SYSTEM ID# 1938	Name
					1930	
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 multi For the meaning of the Column 4: If the st planation of local servit carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	exystem during the ions in effect or a.61(e)(2) and (a sis, as explaine Stations: With n CC rules, regular here in space only on a subsi- and also in spa- formation concern. the station's call associated with -2". Simulcast e channel numb extem carried the in each case w e entering the le cast), "E" (for no set terms, see p ation is outside ce area, see pa ave entered "Ye he distant statio ion on a part-tir ion of a distant e entered into or a primary transis simulcasts, also ree categories e location of ea Canadian statio	ne accounting n June 24, 199 4), or 76.63 (r d in the next p respect to any titions, or auth G—but do list titute basis. titute basis. the station acc streams must ber the FCC h base the FCC h base station. whether the st titter "N" (for no procommercial base (v) of the the local serv. age (v) of the the local serv. age (v) of the ses" in column on during the a multicast stream or before Ju mitter or an as before Ju mitter o	period, except 81, permitting th eferring to 76.6' paragraph. distant stations orizations: t it in space I (th attion was carried the basis station report origination coording to its ow be reported in or as assigned to f annel 4 in Wash attion is a netwo etwork), "N-M" (f educational), o e general instruct vice area, (i.e. "c general instruct 4, you must cor accounting perio ause of lack of a sem that is not s ne 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, e the name of th	(1) stations carrie te carriage of cert 1(e)(2) and (4))]; a carried by your of e Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa column 1 (list eac column 1 (list eac the television stat sington, D.C. This rk station, an inde for network multion r "E-M" (for nonco ctions located in the nplete column 5, pod. Indicate by en ictivated channel subject to a royalty tween a cable sys- senting the prima 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. / payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is licensed.	G Primary Transmitters: Television
			•			4
1. CALL SIGN	2. B'CAST CHANNEL	CHANN 3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	-
КХЈВ	NUMBER			(If Distant)		+
	30	N	No		VALLEY CITY, ND	
WDAY	6	N	No		FARGO, ND	See instructions for additional information
WCCO	7	N	Yes	0	MINNEAPOLIS, MN	on alphabetization.
KVRR	15	N	No		FARGO, ND	
KVLY	11	N	No		FARGO, ND	
KFME	13	E	Yes	0	FARGO, ND	
KWCM	10	E	Yes	0	APPLETON, MN	
KVLY-3	11.3	I-M	No		FARGO, ND	
WDAY-3	6.3	I-M	No		FARGO, ND	
WDAY-2	6.2	I-M	No		FARGO, ND	
KVRR-2	15.2	I-M	No		FARGO, ND]
KXJB-2	30.2	I-M	No		VALLEY CITY, ND	
KXJB-3	30.3	I-M	No		VALLEY CITY, ND	

LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	
TEKSTAR CON					1938	Name
PRIMARY TRANSMITT		•				
In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute program ba Substitute Basis basis under specifc Fi • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ear each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, b (for independent multi For the meaning of th Column 5: If you f cable system carried the carried the distant sta For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these t Column 6: Give the	G, identify every system during th tions in effect or 6.61(e)(2) and (isis, as explaine Stations: With In CC rules, regula in here in space I only on a subsi and also in spa- nformation conco- orm. ch station's call a associated with A-2". Simulcast te channel numb se. For example ystem carried th e in each case w y entering the le icast), "E" (for m ese terms, see p tation is outside rice area, see pp tation is outside to a part-tir sion of a distant t t entered into or a primary transi simulcasts, also hree categories e location of ea	v television sta ne accounting n June 24, 194 4), or 76.63 (r d in the next p respect to any titions, or auth G—but do liss titute basis. ace I, if the sta erning substit sign. Do not r n a station acc streams must ber the FCC h a, WRC is Cha e station. whether the st tter "N" (for ne concommercial bage (v) of the the local serv- age (v) of the the local serv- age (v) of the son during the a multicast stream or before Ju mitter or an as p enter "E". If y , see page (v) ch station. Fo	period, except B1, permitting the eferring to 76.61 baragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its own be reported in or as assigned to fa annel 4 in Wash ation is a netwo etwork), "N-M" (f educational), or a general instruct f, you must com accounting perior ause of lack of a sem that is not s ne 30, 2009, be association represent you carried the of of the general in r U.S. stations, j	(1) stations carrie le carriage of certa l (e)(2) and (4))]; a carried by your c e Special Statem d both on a substitu- ns, see page (v) c n program service er-the-air designa column 1 (list eac column 1 (list eac the television stati- ington, D.C. This rk station, an inde for network multic r "E-M" (for nonco- tions located in the inplete column 5, so d. Indicate by en- ctivated channel cubict to a royalty tween a cable sys- senting the primai channel on any ot nstructions located list the community	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing	ng multiple char	• •	•		channel line-up.	
		CHANN	EL LINE-UP	В		
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	
КХЈВ	30	N	No		VALLEY CITY, ND	
WDAY	6	N	No		FARGO, ND	
wcco	7	N	Yes	0	MINNEAPOLIS, MN	
KVRR	15	N	No		FARGO, ND	
KVLY	11	N	No		FARGO, ND	
KFME	13	E	No		FARGO, ND	
WDAY-2	6.2	I-M	No		FARGO, ND	
KVLY-3	11.3	I-M	No		FARGO, ND	
WDAY-3	6.3	I-M	No		FARGO, ND	
KVRR-2	15.2	I-M	No		FARGO, ND	
KXJB-2	30.2	I-M	No		VALLEY CITY, ND	
KXJB-3	30.3	I-M	No		VALLEY CITY, ND	

TEXT AC COMMUNICATIONS, INC. 1338 In General: In space G. identify usery labeleion station (including traditions and low power labeleion at attached on a substitute system attached on a substitute system attached on the approximal (sections attached on a substitute basis), and the construction of the station of the source of the system attached on the section of the station (including traditions and law) power labeleion attached on a substitute parameter is the station of the section of the section of the station of the section of the station of the section of the sect	LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
In Generation to prove Characteristic and the second of general construction of the prove television stations) FCC class and regulations in effect on June 24. 1981, permitting the carriage of ensitin means dropping telestices FSG (202) and (202) certain stations carried by our cable system on a substitute program basis under specific FCC class, regulations, or autorizations carried by our cable system on a substitute program basis under specific FCC class, regulations, or autorizations carried both on a substitute basis and also on some other basis under specific FCC class, regulations, or autorizations carried both on a substitute basis and also on some other basis under specific FCC class, regulations, or autorizations carried both on a substitute basis and also on some other basis under specific FCC class, regulations, or autorizations basis stations, see page (v) of the general instructions located to regard SA3 form. Column 3: List each station carried bits, hower carried both on a substitute basis and also on some other in the pager SA3 form. Column 2: Clave the channel number the FCC has assigned to the television attation, for example, report multi- east tream associated with a station according to its over the-air disignation. For example, report multi- ation the pager SA3 form. Column 3: Clave the channel number the FCC has assigned to the television attation, or an ancommercial divacional station, by entering the letter 'N' Gr network, 'n-W' Gr network multicast, 'FC for network's, 'n-W' Gr network's, 'TC are network's, for a number the fCC has assigned to the television association representing the class of the ensities, the class avio association, 't-SW' Gr network's, 't-W' Gr not association in the pager SA3 form. Column 4: The the tation is outside the class avio association is general the stations is dentified and the pager SA3 form. Column 4: The the test basis, etc. 't-W' Gr not avaice the 'N' Gr na truthe splanation of these tenses, especing (v) of the gene	TEKSTAR CON		ONS, INC.			1938	Name
G G Contrast of control wave and control in the control more and control in network programs (section a substitute program statisticans), as explained in the next prangraph. Finally control in the control more and control in network programs (section a substitute program statisticans), as explained in the next prangraph. Finally control in the control more and contre and control more and control more and control more an	PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program has under specific PCC rules, regulations, or authorizations: Television *** To it the station here in space Q—but do list it in space (I the Special Statemmar and Program Log)—4 the station was carried both on a substitute basis. ************************************	carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76	system during th ions in effect or 6.61(e)(2) and (ne accounting n June 24, 198 4), or 76.63 (r	period, except 81, permitting th eferring to 76.61	 stations carrie carriage of cert 	ed only on a part-time basis under ain network programs [sections	Primary
basis under speelic PCC Like, regulations, or authorizations: Do not list the station were in space (the special Statement and Program Log)—it the station was carried only 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, atc. Identify basis them associated with a station according with o loc work-the-air designation. For example, report multi-cast streams music be reported in column 1 (list each station), to result the table of the station was carried by the station of broadcasting over-the-air in its community of locate. For example, WPC is Channel 4 in Washington, D.C. This may be different from the channel to such the station is a network station, an independent station, or a noncommercial educational, or "E-M" (for noncommercial educational multicas), For the meaning of these terms, isoe grap (v) of the general instructions located in the paper SA3 form. Column 3: Indicate in each case whether the Station is a network station, an independent station, or a noncommercial educational, or "E-M" (for noncommercial educational multicas), For the meaning of these terms, isoe grap (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 cashe system carina specific the distant station on a part-lime basis because of lack of activated channel cagacity. Column 6: You have entered "Yes" in column 7, you must complete column 5, stating the basis on which your cashe system carina specific the station is located by the general instructions located in the paper SA3 form.				•	carried by your	cable system on a substitute program	
station was carried only on a substitute basis. List the station here, and also inspecial. 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 (r) 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 full station according to its over-the-art designation. For example, report multi-cast streams are write reported in column 1 (list each station) your other in the charmel number the FCC has assigned to the television station for broadcasiling over-the-air in the community of television. For example. WRC Is Chamal 4 in Washington, D.C. This may be different from the charmel in the charmel and the station is a retrotek station, an independent station, or a noncommercial educational multicast). Fit (for noncommercial educational multicast). For for an explanation of local state them 1 (lot retrotek). NMC (for charber multicast), C.F. For an explanation of local state them the rego (r) of the general instructions located in the paper SA3 form. Column 3: Indicasion of the distribution state on a state state on a part-time basis because of lack of activated channel capacity. Column 5: If you have entered "Yee" in column 4; you must complete column 5; stating the basis on which your cable system carina state on the paper SA3 form. Column 5: If you have entered "Yee" in column 6; stating the primary transmitter, enter the designation of the case state as a paper SA3 form. Column 6: Stating the distant station on or before burne 5; stations, list the community the station is illocated by the rego SA3 form. Column 6: Given for case b					camed by your o	cable system on a substitute program	Television
Lis the station here, and also in space I, if the station was carried both on a substitute basis and lake on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the pager 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 disgnation. For example, report multi- east stream associated with a station according to its over-the-air disgnation. For example, report multi- east stream associated with a station of the station. Column 3: Indicate in each case whether the FCC has assigned to the television station for broadcasting over-the-air in the community of license. For example, WRO is Channel 4 in Washington, D. C. This may be different from the channel on which your called system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent multicast). Tori the meaning by entoring the television state in the gaper SAB form. Column 5: Ingit pub here entered ''s for entown's, NAM' (for network multicast). Tori the meaning by uhave entered ''s low must complete column 5. station the basis on which your cable system carried the distant station on or before June ellaw of auxies and the pager SAB form. Column 5: Ingit pub here entered ''s low lines' agae of low of auxies of the station or an escolarity For the retransmission of a distant multicast stream that is not subject to a royaly payment because it is the subject of a writen agreement entered into on or before June 20, 2000, between called system carried in distants is lines on the pager SAB form. Column 5: If your cable system carried the distant station on or before June 20, 2000, between called system carried here distant station on or busing the community owith which the station is linesned by the ECC. For Maxican or Canadian stature, if any, your ethe name of the		-		t it in space I (th	e Special Statem	ent and Program Log)—if the	
each multicast stream associated with a station according to its over-the-air designation. For example, report multi- east 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 tis community of license. For example, WRG is Channel 4 in Washington, D.C. This may be different from the channel on which your cathe system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommeroial educational station, by enotring the later "N" (or notwork multicast). To for the meaning these terms, see page (v) of the general instructions located in the paper SA3 form. Column 3: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your calle system carried the distant station during the accounting period. Indicate by entering "X-G" if your abuse statient and primary transmitter or an association representing that distant station on a part-time basis bacause of lack of activated channel capacity. For the reasting of the distant station on or before June 30, 2000, between a cable system carried the distant station on or before June 30, 2000, between a cable system carring of a written agreement entered into on or before June 30, 2000, between a cable system carried the distant station, and primary transmitter, enter the telexisten science in candia a stration is a science in earner of the control the spatien station. Column 6: Give the location of ach station. For U.S. stations, list the community twi which the station is licensed by the FCC. For Moxicans, as particle the narne of the control nore control for each station.	 List the station here, basis. For further in in the paper SA3 for 	and also in spa formation conc orm.	ice I, if the sta erning substit	ute basis statior	ns, see page (v) o	of the general instructions located	
Column 2: Give the channel in umber the FCC has assigned to the television station for broadcasting over-the-air in its community of literser. For example, VRC 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 in the station is outride devocational intervents. HAM (for network multicast), "T (for independent multicast), is (for independent devocational multicast), is (for independent devolational), or EAM (for noncommercial educational), or (for a network), T (for independent devolational), or (for a for a method of a distant station during the accounting period. Indicate by entering "LAC." If your cable system carried the distant station during the accounting period. Indicate by entering "LAC." If your cable system carried the distant station during the accounting or 20, 2009, between a cable system or an association representing the transmitter, enter the designation of a distant multicast stream that is not subject to a royally payment because it is the subject or a written agreement entered rich asks enter ("C." If your carried the channel on any other basis, enter ("C." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 5: (for whe location of each station, Tr. ("U.S. stations, If the community with which the station is identified. Note the value of a distant multicast the community with which the station is identified. Not is the column of the set station. To ("U.S. stations, If the community withich the station is identified. <tr< td=""><td>each multicast stream cast stream as "WETA</td><td>associated with</td><td>n a station ac</td><td>cording to its over</td><td>er-the-air designa</td><td>ation. For example, report multi-</td><td></td></tr<>	each multicast stream cast stream as "WETA	associated with	n a station ac	cording to its over	er-the-air designa	ation. For example, report multi-	
an which you' cable system carried the station. Colum 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial aducational station, by entering the letter 'N' (for network), "N-M' (for network mulicast), "for independent mulicast)," for the meaning of these terms, 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 calle system carried the distant station during the accounting particul, linkicated by the the station is out in accounting particul, linkicated by the the station is out in accounting particul, linkicated by the searce in the station is out in a sociation representing the thereing "LAC" if you cable system carried the distant multicast station during the accounting particul, linkicated by system carried the distant multicast station during the association representing the thereing "LAC" if you cable system carried the distant multicast station during the association representing the particip and the station is identified to a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system core charden station, For U.S. stations, list the community thy transmitter on a list one stations. Column 6: Give the location of each station, For U.S. stations, list the community thin the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LIPE-UP C 1. CALL 2. B'CAST 1. No MINNEAPOLIS, MIN KSTC 45 N. No MINNEAPOLIS, MIN KKTC 45 N. No MINNEAPOLIS, MIN KKTC 42 I. No MINNEAPOLIS, MIN KKTC 29 I. No MINNEAPOLIS, MIN KKTC 29 I. No MINNEAPOLIS, MIN KKTC 4. 2 E. Yes O MINNEAPOLIS, MIN KKTC 4. 2. E. Yes O MINNEAPOLIS, MIN KKTC 4. 5.4 I-M. No MINNEAPOLIS, MIN KK	Column 2: Give the			-		-	
educational station, by entering the letter "N" (for network), "N-M" (for network multicaet), "" (for independent, "N-M" (for independent multicaet), "" (for independent, "N-M" (for independent multicaet), "" (for independent, "N-M" (for independ	on which your cable sy	stem carried th	e station.		0		
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Colums 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 roughly 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 designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O". For a further replanation 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 FOC. For Mexican or Canadian stations, if any, give the name of the community to which the station is licensed by the FOC. For Mexican or Canadian stations, if any, give the name of the community to which the station is licensed by the FOC. For Mexican or Canadian stations, if any, give the name of the community to which the station is licensed by the FOC. For Mexican or Canadian the use stations, if any give the name of the community to Resort the station is licensed by the FOC. For Mexican or Canadian the paper SA3 form. Column 6: Give the location of each station, if of the community to Resort the community to which the station is licensed by the FOC. For Mexican or Canadian the paper SA3 form. Column 6: Give the location of each station is licensed by the FOC. For Mexican O'C. A station of the community to which the station is licensed by the FOC. For Mexican Canadia	educational station, by (for independent multion For the meaning of the	v entering the le cast), "E" (for no ese terms, see	tter "N" (for ne oncommercial page (v) of the	etwork), "N-M" (f l educational), o e general instruc	or network multic r "E-M" (for nonce tions located in t	ast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form.	
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 primary transmitter, enter the designation "E" (exempl). 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 pager SA3 form. Colum 6: Give the location of a desh 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 to 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 S. BASIS OF CHANNEL LINE-UP SIGN 2. B'CAST To TYPE 4. DISTANT? SIGN 2. B'CAST STATION CARRIAGE (II bissis) KSTC 45 1 No MiNNEAPOLIS, MN KSTP 5 N KSTP 5 N No MINNEAPOLIS, MN WCCO 7 N No MINNEAPOLIS, MN WCCO 2 I No MINNEAPOLIS, MN WCCO </td <td>planation of local servi Column 5: If you h</td> <td>ice area, see pa ave entered "Ye</td> <td>age (v) of the es" in column</td> <td>general instructi 4, you must con</td> <td>ons located in the</td> <td>e paper SA3 form. stating the basis on which your</td> <td></td>	planation of local servi Column 5: If you h	ice area, see pa ave entered "Ye	age (v) of the es" in column	general instructi 4, you must con	ons located in the	e paper SA3 form. stating the basis on which your	
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 stations. For U.S. stations, list the community of which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community of 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 C C CHANNEL CHANNEL C 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 6. LOCATION OF STATION SIGN 2. B'CAST 1. No MINNEAPOLIS, MN KSTC 45 1 No MINNEAPOLIS, MN KSTP 5 N No MINNEAPOLIS, MN WCCO 7 N No MINNEAPOLIS, MN KARE 11 No MINNEAPOLIS, MN WFTC 29 1 No MINNEAPOLIS, MN WCCO 7 N M MINNEAPOLIS, MN WCCO	carried the distant stat	ion on a part-tir	ne basis beca	ause of lack of a	ctivated channel	capacity.	
explanation of these three categories. see page (v) of the general instructions located in the space SA3 form. Column 6: Give the location of each station. For U.S. stations, list 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 C 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE CHANNEL NUMBER 3. TYPE 0. CF CHANNEL 0. CF CHANNEL 0. CF CHANNEL 0. CF CHANNEL 0. CF 0. CARRIAGE (If Distant) 0. MINNEAPOLIS, MN KSTC 4.5 1 No MINNEAPOLIS, MN KSTP 5 N No MINNEAPOLIS, MN KKSP 9 N No MINNEAPOLIS, MN WCCO 7 N No MINNEAPOLIS, MN KKRE 11 N No MINNEAPOLIS, MN KKRE 11 N NO MINNEAPOLIS, MN KKRE 11 NO MINNEAPOLIS, MN MINNEAPOLIS, MN KKRE 11 NO MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN KKRE 2. 11.2 I-M NO MINNEAPOLIS, MN MINNEAPOLIS, MN KKRE 2. 11.2 I-M NO MINNEAPOLIS, MN MINNEAPOLIS, MN KKRE 2. 11.2 I-M NO MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	-				-	· •	
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 licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with 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 licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with 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 licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with 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 licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. CHANNEL LINE-UP C 1. CALL 2. B'CAST 3. TYPE C CARRIAGE 6. LOCATION OF STATION KSTC 45 1 No MINNEAPOLIS, MN MN KSTC 45 1 No MINNEAPOLIS, MN WCCO 7 N No MINNEAPOLIS, MN KKTC 29 1 No MINNEAPOLIS, MN KKTCA 2 E Yes O MINNEAPOLIS, MN <t< th=""><th> ,</th><th></th><th></th><th>•</th><th></th><th></th><th></th></t<>	,			•			
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.CHANNEL LINE-UP C1. CALL SIGN2. B'CAST CHANNEL NUMBER3. TYPE OF STATION4. DISTANT? (Yes or No)5. BASIS OF CARRIAGE (If Distant)6. LOCATION OF STATIONKSTC45INoMINNEAPOLIS, MNKSTP5NNoMINNEAPOLIS, MNWCCO7NNoMINNEAPOLIS, MNWFTC29INoMINNEAPOLIS, MNKARE11NNoMINNEAPOLIS, MNKARE11NoMINNEAPOLIS, MNKARE11NoMINNEAPOLIS, MNKARE11NoMINNEAPOLIS, MNKARE11NoMINNEAPOLIS, MNKTCA2EYesOWUCW23INoMINNEAPOLIS, MNKARE-211.2I-MNoMINNEAPOLIS, MNKSTC-35.3I-MNoMINNEAPOLIS, MNKSTC-45.4I-MNoMINNEAPOLIS, MNKSTC-65.6I-MNoMINNEAPOLIS, MNKSTC-65.6I-MNoMINNEAPOLIS, MNKSTP-75.7I-MNoMINNEAPOLIS, MNWUCW-223.2I-MNoMINNEAPOLIS, MN							
CHANNEL LINE-UP C1. CALL SIGN2. B'CAST CHANNEL OF CHANNEL NUMBER3. TYPE OF OF STATION4. DISTANT? (Yes or No)5. BASIS OF CARRIAGE (If Distant)6. LOCATION OF STATIONKSTC45INoMINNEAPOLIS, MNKSTC45INoMINNEAPOLIS, MNKSTC45NNoMINNEAPOLIS, MNKSTP5NNoMINNEAPOLIS, MNWCCO7NNoMINNEAPOLIS, MNWFTC29INoMINNEAPOLIS, MNKARE11NNoMINNEAPOLIS, MNKTCA2EYesOWUCW23INoMINNEAPOLIS, MNKARE-211.2I-MNoMINNEAPOLIS, MNKARE-211.2I-MNoMINNEAPOLIS, MNKSTC-35.3I-MNoMINNEAPOLIS, MNKSTC-45.4I-MNoMINNEAPOLIS, MNKSTC-45.6I-MNoMINNEAPOLIS, MNKSTC-45.4I-MNoMINNEAPOLIS, MNKSTC-45.6I-MNoMINNEAPOLIS, MNKSTC-65.6I-MNoMINNEAPOLIS, MNKSTC-75.7I-MNoMINNEAPOLIS, MNKUCW-223.2I-MNoMINNEAPOLIS, MN							
1. CALL SIGN2. B'CAST CHANNEL3. TYPE OF OF STATION4. DISTANT? (Yes or No)5. BASIS OF CARRIAGE (If Distant)6. LOCATION OF STATIONKSTC45INoMINNEAPOLIS, MNKSTC45INoMINNEAPOLIS, MNKSTP5NNoMINNEAPOLIS, MNWCCO7NNoMINNEAPOLIS, MNWFTC29INoMINNEAPOLIS, MNKTCA2EYesOMUCW23INoMINNEAPOLIS, MNWCCO-24.2I-MNoMINNEAPOLIS, MNKARE-211.2I-MNoMINNEAPOLIS, MNKARE-25.3I-MNoMINNEAPOLIS, MNKARE-25.3I-MNoMINNEAPOLIS, MNKARE-35.3I-MNoMINNEAPOLIS, MNKARE-25.3I-MNoMINNEAPOLIS, MNKSTC-35.3I-MNoMINNEAPOLIS, MNKSTC-45.4I-MNoMINNEAPOLIS, MNKSTC-65.6I-MNoMINNEAPOLIS, MNKSTC-75.7I-MNoMINNEAPOLIS, MNKSTC-65.6I-MNoMINNEAPOLIS, MNKSTC-75.7I-MNoMINNEAPOLIS, MNKSTC-65.6I-MNoMINNEAPOLIS, MNKSTC-75.7I-MNoMINNEAPOLIS, MN	Note: If you are utilizin	ng multiple char	• •	•	•	channel line-up.	
SIGNCHANNEL NUMBEROF STATION(Yes or No)CARRIAGE (If Distant)KSTC451NoMINNEAPOLIS, MNKPXM411NoST. CLOUD, MNKSTP5NNoMINNEAPOLIS, MNWCCO7NNoMINNEAPOLIS, MNWFTC291NoMINNEAPOLIS, MNKARE11NNoMINNEAPOLIS, MNWUCW231NoMINNEAPOLIS, MNWCCO-24.2I-MNoMINNEAPOLIS, MNWCCO-24.2I-MNoMINNEAPOLIS, MNKKRE-211.2I-MNoMINNEAPOLIS, MNKKRC-35.3I-MNoMINNEAPOLIS, MNKSTC-45.4I-MNoMINNEAPOLIS, MNKSTC-65.6I-MNoMINNEAPOLIS, MNKSTP-75.7I-MNoMINNEAPOLIS, MNWUCW-223.2I-MNoMINNEAPOLIS, MN		Т	CHANN	EL LINE-UP	С		
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KSTC-65.6I-MNoMINNEAPOLIS, MNKSTP-75.7I-MNoMINNEAPOLIS, MNWUCW-223.2I-MNoMINNEAPOLIS, MN						·····	
KSTP-75.7I-MNoMINNEAPOLIS, MNWUCW-223.2I-MNoMINNEAPOLIS, MN		•					
WUCW-2 23.2 I-M No MINNEAPOLIS, MN		·					
	KSTP-7						
KARE-4 11.4 I-M No MINNEAPOLIS, MN	WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN	
	KARE-4	11.4	I-M	No		MINNEAPOLIS, MN	

LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	
TEKSTAR CON		ONS, INC.			1938	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s	system during th	ne accounting	period, except ((1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
substitute program bas	sis, as explaine	d in the next p	baragraph.		nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do list		e Special Statem	ent and Program Log)—if the	
 List the station here, 	and also in spa formation conc	ice I, if the sta			tute basis and also on some other f the general instructions located	
Column 1: List each multicast stream	ch station's call 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- h stream separately; for example	
	se. For example	e, WRC is Cha	-		ion for broadcasting over-the-air in may be different from the channel	
Column 3: Indicate educational station, by	e in each case w / entering the le cast), "E" (for no	whether the st tter "N" (for ne oncommercial	etwork), "N-M" (f educational), o	or network multic r "E-M" (for nonco	ependent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). ne paper SA3 form.	
Column 4: If the st planation of local servi Column 5: If you h	ation is outside ice area, see pa ave entered "Ye	the local serv age (v) of the es" in column	rice area, (i.e. "d general instructi 4, you must con	listant"), enter "Ye ons located in the oplete column 5, s	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your	
carried the distant stat For the retransmiss	tion on a part-tir sion of a distant	ne basis beca multicast stre	ause of lack of a eam that is not s	ctivated channel ubject to a royalty	payment because it is the subject	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary transi simulcasts, also nree categories e location of ea	mitter or an as o enter "E". If y , see page (v) ch station. Fo	sociation repres you carried the o of the general in r U.S. stations, I	senting the prima channel on any ot nstructions locate list the community	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin		nnel line-ups,	use a separate s	space G for each		
	1	CHANN	EL LINE-UP	D		
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	
кѕтс	45	I	No		MINNEAPOLIS, MN	
КРХМ	41	I	No		ST. CLOUD, MN	
KSTP	5	N	No		MINNEAPOLIS, MN	
кссw	12	N	No		WALKER, MN	
KMSP	9	N	No		MINNEAPOLIS, MN	
WFTC	29	I	No		MINNEAPOLIS, MN	
KARE	11	N	No		MINNEAPOLIS, MN	
KAWE	9	Е	No		BEMIDJI, MN	
WUCW	23	I	No		MINNEAPOLIS, MN	
WCCO-2	4.2	I-M	No		MINNEAPOLIS, MN	
KARE-2	11.2	I-M	No		MINNEAPOLIS, MN	
KSTC-3	5.3	I-M	No		MINNEAPOLIS, MN	
KSTC-4	5.4	I-M	No		MINNEAPOLIS, MN	
KSTC-6	5.6	I-M	No		MINNEAPOLIS, MN	
KSTP-7	5.7	I-M	No		MINNEAPOLIS, MN	
WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN	
KARE-4	11.4	I-M	No		MINNEAPOLIS, MN	

LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	
TEKSTAR CO	MMUNICATIC	ONS, INC.			1938	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
carried by your cable FCC rules and regula	system during the ations in effect or	ne accounting n June 24, 198	period, except 31, permitting th	(1) stations carrie e carriage of cert	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba	asis, as explaine	d in the next p	paragraph.		and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
	on here in space	G-but do list		e Special Statem	ent and Program Log)—if the	
	, and also in spa information conc	ice I, if the sta			itute basis and also on some other of the general instructions located	
each multicast strear cast stream as "WET	n associated with	n a station acc	cording to its over	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
			-		tion for broadcasting over-the-air in may be different from the channel	
	te in each case v	vhether the st			ependent station, or a noncommercial	
(for independent multiple for the meaning of the me	ticast), "E" (for no nese terms, see p	oncommercial page (v) of the	educational), o general instruc	r "E-M" (for nonce ctions located in t	cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-	
	have entered "Ye	es" in column	4, you must con	nplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
of a written agreemen the cable system and	ssion of a distant nt entered into or a primary transi	multicast stre n or before Ju mitter or an as	eam that is not s ne 30, 2009, be ssociation repres	ubject to a royalt tween a cable sy senting the prima	y payment because it is the subject stem or an association representing rry transmitter, enter the designa-	
explanation of these Column 6: Give the column for	three categories he location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, give	of the general i r U.S. stations, e the name of th	nstructions locate list the communit lie community with	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
		• •	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	
мссо	7	N	No		MINNEAPOLIS, MN	
KMSP	9	N	No		MINNEAPOLIS, MN	
KARE	11	N	No		MINNEAPOLIS, MN	
KAWE	9	Е	Yes	0	BEMIDJI, MN	
КЅТС	45	I	No		MINNEAPOLIS, MN	
WFTC	29	I	No		MINNEAPOLIS, MN	
WUCW	23	1	No		MINNEAPOLIS, MN	
КРХМ	41		No		ST. CLOUD, MN	
WCCO-2	4.2	I-M	No		MINNEAPOLIS, MN	
KARE-2	4.2	I-M			·····	
			No			
KSTC-3	5.3	I-M	No			
KSTC-4	5.4	I-M	No			
KSTC-6	5.6	I-M	No			
KSTP-7	5.7	I-M	No			
WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN	
KSTP	5	N	No		MINNEAPOLIS, MN	
KARE-4	11.4	I-M	No		MINNEAPOLIS, MN	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
TEKSTAR CON		ONS, INC.			1938	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
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	system during the ions in effect or 5.61(e)(2) and (- sis, as explaine Stations: With r CC rules, regular here in space	ne accounting n June 24, 198 4), or 76.63 (r d in the next p respect to any ations, or auth G—but do list	period, except 31, permitting th eferring to 76.61 paragraph. distant stations orizations:	(1) stations carrie e carriage of cert I(e)(2) and (4))]; a carried by your c	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the	G Primary Transmitters: Television
 List the station here, basis. For further in in the paper SA3 fo Column 1: List eace 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 multion For the meaning of the Column 4: If the stat planation of local servin Column 5: If you have cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the 	and also in spa iformation conc rm. th station's call associated with -2". Simulcast e channel numb se. For example ystem carried th i in each case w r entering the le cast), "E" (for no est terms, see p ation is outside ice area, see pp ave entered "Ye he distant static ion of a distant ision of a distant i e intered into or a primary transis simulcasts, also ree categories e location of ea Canadian statio	the local service of the service of	ute basis station eport origination cording to its ove be reported in or as assigned to t annel 4 in Wash ation is a netwo etwork), "N-M" (f educational), o e general instruc- rice area, (i.e. "c general instruc- general instruc- rice area, (i.e. "c general instruc- general instruc- general instruc- ac general instruc- general instruc- ge	ns, see page (v) of n program service er-the-air designal column 1 (list eac the television stat ington, D.C. This rk station, an inde or network multic r "E-M" (for nonco tions located in the nplete column 5, st od. Indicate by en- ctivated channel ubject to a royalty tween a cable sys- senting the prima channel on any of nstructions 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. / payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.	
		CHANN	EL LINE-UP	F		ł
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	
кѕтс	45	I	No		MINNEAPOLIS, MN	
KVRR	15	N	Yes	0	FARGO, ND	
KSTP	5	N	No		MINNEAPOLIS, MN	
WCCO	7	N	No		MINNEAPOLIS, MN	
KMSP	9	N	No		MINNEAPOLIS, MN	
WFTC	29	I	No		MINNEAPOLIS, MN	
KARE	11	N	No		MINNEAPOLIS, MN	
KAWE	9	Е	No		BEMIDJI, MN	
WUCW	23	I	No		MINNEAPOLIS, MN	
WCCO-2	4.2	I-M	No		MINNEAPOLIS, MN	
KARE-2	11.2	I-M	No		MINNEAPOLIS, MN	
WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN	
KARE-4	11.4	I-M	No		MINNEAPOLIS, MN	

	OWNER OF CABLE SY				SYSTEM I	
TEKSTAR C	OMMUNICATIO	NS, INC.			193	8 Name
PRIMARY TRANSMI	TTERS: TELEVISIO	N				
carried by your cab	le system during th	ne accounting	period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under	G
76.59(d)(2) and (4)	, 76.61(e)(2) and (4	4), or 76.63 (r	eferring to 76.61		ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
substitute program Substitute Bas			• •	s carried by your o	able system on a substitute program	Television
basis under specifo				,,,	, , , , , , , , , , , , , , , , , , , ,	
			t it in space I (th	e Special Statem	ent and Program Log)—if the	
List the station he basis. For further	er information conc	ce I, if the sta			tute basis and also on some other f the general instructions located	
in the paper SA: Column 1: List		sign. Do not r	eport originatior	n program service	s such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
	ETA-2". Simulcast	streams must	be reported in o	column 1 (list eac	h stream separately; for example	
WETA-simulcast). Column 2: Give	e the channel numb	er the FCC h	as assigned to t	the television stat	ion for broadcasting over-the-air in	
			-		may be different from the channel	
on which your cable				ale stations are indu		
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
For the meaning of	these terms, see p	bage (v) of the	e general instruc	ctions located in t	ne paper SA3 form.	
Column 4: If the planation of local se					es". If not, enter "No". For an ex-	
					e paper SA3 form. Stating the basis on which your	
-			-	-	tering "LAC" if your cable system	
carried the distant	•					
					v payment because it is the subject stem or an association representing	
-				•	ry transmitter, enter the designa-	
nuon "⊨" (exempt). F	-or simulcasts, also	o enter "E". If	you carried the	U .	her basis, enter "O." For a further	
explanation of thes	e three categories,	see page (v)	of the general i	channel on any of instructions locate	her basis, enter "O." For a further d in the paper SA3 form.	
explanation of thes Column 6: Give	e three categories, the location of eac	see page (v) ch station. Fo	of the general i r U.S. stations,	channel on any of instructions locate list the community	her basis, enter "O." For a further of in the paper SA3 form. / to which the station is licensed by the	
explanation of thes Column 6: Give	e three categories, e the location of eac or Canadian station	see page (v) ch station. Fo ns, if any, give	of the general i r U.S. stations, l the name of th	channel on any of instructions locate list the community ne community with	her basis, enter "O." For a further of in the paper SA3 form. / to which the station is licensed by the which the station is identifed.	
explanation of thes Column 6: Give FCC. For Mexican	e three categories, e the location of eac or Canadian station	see page (v) ch station. Fo ns, if any, give inel line-ups,	of the general i r U.S. stations, l the name of th	channel on any of instructions locate list the community e community with space G for each	her basis, enter "O." For a further of in the paper SA3 form. / to which the station is licensed by the which the station is identifed.	_
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util	e three categories, e the location of ear or Canadian station lizing multiple char	see page (v) ch station. Fo ns, if any, give nel line-ups, CHANN	of the general i r U.S. stations, e the name of th use a separate : EL LINE-UP	channel on any of instructions locate list the community the community with space G for each G	her basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the which the station is identifed. channel line-up.	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL	e three categories, e the location of eau or Canadian station lizing multiple char 2. B'CAST	see page (v) ch station. Fo ns, if any, give nel line-ups, CHANN 3. TYPE	of the general i r U.S. stations, l e the name of th use a separate EL LINE-UP 4. DISTANT?	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF	her basis, enter "O." For a further of in the paper SA3 form. / to which the station is licensed by the which the station is identifed.	_
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util	e three categories, e the location of ear or Canadian station lizing multiple char	see page (v) ch station. Fo ns, if any, give nel line-ups, CHANN	of the general i r U.S. stations, e the name of th use a separate : EL LINE-UP	channel on any of instructions locate list the community the community with space G for each G	her basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the which the station is identifed. channel line-up.	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL	e three categories, e the location of eau or Canadian station lizing multiple char 2. B'CAST CHANNEL	see page (v) ch station. Fo ns, if any, give nel line-ups, CHANN 3. TYPE OF	of the general i r U.S. stations, l e the name of th use a separate EL LINE-UP 4. DISTANT?	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE	her basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the which the station is identifed. channel line-up.	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN	e three categories, e the location of ear or Canadian station lizing multiple chan 2. B'CAST CHANNEL NUMBER	see page (v) ch station. Fo ns, if any, give inel line-ups, i CHANN 3. TYPE OF STATION	of the general i r U.S. stations, l e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE	her basis, enter "O." For a further of in the paper SA3 form. y to which the station is licensed by the which the station is identifed. channel line-up.	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN KBJR	e three categories, e the location of eau or Canadian station lizing multiple char 2. B'CAST CHANNEL NUMBER 6.1	see page (v) ch station. Fo ns, if any, give nel line-ups, CHANN 3. TYPE OF STATION N	of the general i r U.S. stations, l e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE	her basis, enter "O." For a further of in the paper SA3 form. / to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION DULUTH, MN	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN KBJR KQDS	e three categories, e the location of ear or Canadian station lizing multiple chan 2. B'CAST CHANNEL NUMBER 6.1 21	see page (v) ch station. Fo ns, if any, give inel line-ups, CHANN 3. TYPE OF STATION N N	of the general i r U.S. stations, i e the name of th use a separate : EL LINE-UP 4. DISTANT? (Yes or No) No No	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE (If Distant)	her basis, enter "O." For a further of in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION DULUTH, MN DULUTH, MN	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN KBJR KQDS WDSE	e three categories, e the location of ear or Canadian station lizing multiple chan 2. B'CAST CHANNEL NUMBER 6.1 21 8	see page (v) ch station. Fo ns, if any, give nel line-ups, ⁱ CHANN 3. TYPE OF STATION N N E	of the general i r U.S. stations, i e the name of th use a separate : EL LINE-UP 4. DISTANT? (Yes or No) No No Yes	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE (If Distant)	her basis, enter "O." For a further of in the paper SA3 form. / to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION DULUTH, MN DULUTH, MN	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN KBJR KQDS WDSE WDIO	e three categories, e the location of ear or Canadian station lizing multiple char 2. B'CAST CHANNEL NUMBER 6.1 21 8 10	see page (v) ch station. Fo ns, if any, give inel line-ups, CHANN 3. TYPE OF STATION N N E N	of the general i r U.S. stations, i e the name of th use a separate : EL LINE-UP 4. DISTANT? (Yes or No) No No Yes No	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE (If Distant)	her basis, enter "O." For a further of in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION DULUTH, MN DULUTH, MN DULUTH, MN	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN KBJR KQDS WDSE WDIO KBJR-2 KBJR-3	e three categories, e the location of ear or Canadian station lizing multiple chan 2. B'CAST CHANNEL NUMBER 6.1 21 8 10 6.2 6.3	see page (v) ch station. Fo ns, if any, give inel line-ups, CHANN 3. TYPE OF STATION N N E N N I-M	of the general i r U.S. stations, i e the name of th use a separate : EL LINE-UP 4. DISTANT? (Yes or No) No No Yes No No No	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE (If Distant) O	her basis, enter "O." For a further of in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN	
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explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN KBJR KQDS WDSE WDIO KBJR-2 KBJR-3	e three categories, e the location of ear or Canadian station lizing multiple chan 2. B'CAST CHANNEL NUMBER 6.1 21 8 10 6.2 6.3	see page (v) ch station. Fo ns, if any, give inel line-ups, CHANN 3. TYPE OF STATION N N E N N I-M	of the general i r U.S. stations, i e the name of th use a separate : EL LINE-UP 4. DISTANT? (Yes or No) No No Yes No No No	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE (If Distant) O	her basis, enter "O." For a further of in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN KBJR KQDS WDSE WDIO KBJR-2 KBJR-3	e three categories, e the location of ear or Canadian station lizing multiple chan 2. B'CAST CHANNEL NUMBER 6.1 21 8 10 6.2 6.3	see page (v) ch station. Fo ns, if any, give inel line-ups, CHANN 3. TYPE OF STATION N N E N N I-M	of the general i r U.S. stations, i e the name of th use a separate : EL LINE-UP 4. DISTANT? (Yes or No) No No Yes No No No	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE (If Distant) O	her basis, enter "O." For a further of in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN KBJR KQDS WDSE WDIO KBJR-2 KBJR-3	e three categories, e the location of ear or Canadian station lizing multiple chan 2. B'CAST CHANNEL NUMBER 6.1 21 8 10 6.2 6.3	see page (v) ch station. Fo ns, if any, give inel line-ups, CHANN 3. TYPE OF STATION N N E N N I-M	of the general i r U.S. stations, i e the name of th use a separate : EL LINE-UP 4. DISTANT? (Yes or No) No No Yes No No No	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE (If Distant) O	her basis, enter "O." For a further of in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN KBJR KQDS WDSE WDIO KBJR-2 KBJR-3	e three categories, e the location of ear or Canadian station lizing multiple chan 2. B'CAST CHANNEL NUMBER 6.1 21 8 10 6.2 6.3	see page (v) ch station. Fo ns, if any, give inel line-ups, CHANN 3. TYPE OF STATION N N E N N I-M	of the general i r U.S. stations, i e the name of th use a separate : EL LINE-UP 4. DISTANT? (Yes or No) No No Yes No No No	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE (If Distant) O	her basis, enter "O." For a further of in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN KBJR KQDS WDSE WDIO KBJR-2 KBJR-3	e three categories, e the location of ear or Canadian station lizing multiple chan 2. B'CAST CHANNEL NUMBER 6.1 21 8 10 6.2 6.3	see page (v) ch station. Fo ns, if any, give inel line-ups, CHANN 3. TYPE OF STATION N N E N N I-M	of the general i r U.S. stations, i e the name of th use a separate : EL LINE-UP 4. DISTANT? (Yes or No) No No Yes No No No	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE (If Distant) O	her basis, enter "O." For a further of in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN	
explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN KBJR KQDS WDSE WDIO KBJR-2 KBJR-3	e three categories, e the location of ear or Canadian station lizing multiple chan 2. B'CAST CHANNEL NUMBER 6.1 21 8 10 6.2 6.3	see page (v) ch station. Fo ns, if any, give inel line-ups, CHANN 3. TYPE OF STATION N N E N N I-M	of the general i r U.S. stations, i e the name of th use a separate : EL LINE-UP 4. DISTANT? (Yes or No) No No Yes No No No	channel on any of instructions locate list the community e community with space G for each G 5. BASIS OF CARRIAGE (If Distant) O	her basis, enter "O." For a further of in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN DULUTH, MN	

Name	LEGAL NAME OF C							SYSTEM ID# 1938
H Primary Transmitters: Radio	all-band basis w Special Instruct receivable if (1) on the basis of the For detailed info located in the particular Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: G	t every radio so whose signals of ctions Concer- it is carried by monitoring, to prmation about aper SA3 form dentify the call tate whether the the radio stati this by placing Sive the station	tation ca were "ge rning All / the syst be receive t the the sign of e he station on's sigr a check 's location	rried on a separate and discre nerally receivable" by your cat Band FM Carriage: Under C em whenever it is received at yed at the headend, with the s Copyright Office regulations o each station carried. In is AM or FM. al was electronically processe mark in the "S/D" column. on (the community to which the he community with which the	ole system during Copyright Office re the system's hea ystem's FM anter n this point, see p ed by the cable sy e station is license	the accounting egulations, an idend, and (2) ona, during cer page (vi) of the vstem as a sep ed by the FCC	g perioc FM sign it can be rtain stat e genera parate ar	I. Ial is generally e expected, ted intervals. Il instructions
		1	n		1	1	1	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						_		

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 202
EGAL NAME OF OWNER OF	CABLE SYST	TEM:				SYSTEM ID#	
EKSTAR COMMUNIC	ATIONS,	INC.				1938	Name
UBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOG	i			
			sion program broadcast by a ecific present and former FC				
xplanation of the programm	ning that mu	st be included in	n this log, see page (v) of th	e general inst	ructions located in the p	aper SA3 form.	Substitut
. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				Carriage Specia
During the accounting per roadcast by a distant stat		ur cable system	n carry, on a substitute basi	s, any nonne			Statement
2		root of this por	ge blank. If your answer is '			No	Program
ig in block 2.	, leave the	rest or this pay	je blank. Il your answer is	res, you m	usi complete the progra		
LOG OF SUBSTITUTE							
General: List each subsi lear. If you need more spa			ate line. Use abbreviations al pages.	wherever pos	ssible, if their meaning	is	
Column 1: Give the title	of every no	nnetwork telev	ision program (substitute p				
			our cable system substitute is. See page (vi) of the gen				
A3 form for futher informa	tion. Do no	ot use general o	categories like "movies", or				
tles, for example, "I Love L Column 2: If the program			76ers vs. Bulls." r "Yes." Otherwise enter "N	0."			
Column 3: Give the call	sign of the	station broadca	asting the substitute progra	m.			
		· ·	ne community to which the community with which the		, ,	l	
Column 5: Give the mor	th and day		tem carried the substitute p			onth	
st. Example: for May 7 giv		substituto pro	gram was carried by your o	able system	List the times accurate	alv	
			ied by a system from 6:01:			ery	
ated as "6:00–6:30 p.m."		Parallana	and a first of features and			- 1	
			was substituted for progra uring the accounting period				
ram was substituted for pr	ogramming		em was permitted to delete				
ffect on October 19, 1976.							
					EN SUBSTITUTE	7. REASON	
	2. LIVE?	3. STATION'S		5. MONTH	IAGE OCCURRED 6. TIMES	FOR DELETION	
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					_		
					_		
					_		
	+						
	+						
					_		
					_		

Number Number Control of the second		LEGAL NAME OF O	OWNER OF CABLE	SYSTEM:						SYSTEM ID#
J 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.m3:15 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.m12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE CALL SIGN WHEN CARRIAGE OCCURRED HOURS CALL SIGN WHEN CARRIAGE OCCURRED	Name	TEKSTAR C	OMMUNICA	TIONS, INC.						1938
J 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.m3:15 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.m12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE CALL SIGN WHEN CARRIAGE OCCURRED HOURS CALL SIGN WHEN CARRIAGE OCCURRED										
You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– DATES AND HOURS OF PART-TIME CARRIAGE CALL SIGN WHEN CARRIAGE OCCURRED HOURS HOURS HOURS HOURS	Part-Time Carriage	In General: This time carriage du hours your syste Column 1 (C column 5 of spa Column 2 (D curred during th • Give the mont "4/10." • State the start television statio	s space ties in v ue to lack of acti em carried that all sign): Give to ce G. ates and hours e accounting pe h and day when ing and ending to n's broadcast da	vated channel capac station. If you need r the call sign of every s of carriage): For ea eriod. the carriage occurre times of carriage to t ay, you may give an	city, you are req nore space, plea distant station ach station, list ad. Use numeral he nearest quar	uired ase a whose the da ls, wit	to complete this ttach additional e basis of carria ates and hours h the month firs pur. In any case	s log giving the t pages. age you identifier when part-time of st. Example: for where carriage	total dates and d by "LAC" in carriage oc- April 10 give ran to the end	of the
CALL SIGN WHEN CARRIAGE OCCURRED HOURS CALL SIGN WHEN CARRIAGE OCCURRED HOURS		 You may group 			s of carriage wer	re the	same. Example	e: "5/10-5/14, 6:	00 p.m.–	
CALL SIGN HOURS CALL SIGN HOURS				DATES	AND HOURS (OF P/	ART-TIME CAR	RIAGE		
		CALL SIGN	WHEN				CALL SIGN	WHEN		
Image: Section of the section of th			DATE					DATE		
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FORM	SA3E. PAGE 7.				
LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name
TE	STAR COMMUNICATIONS, INC.			1938	Name
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secon dentifed in space E) during the accounting period. For a further explanation of how to cor a (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. DRTANT: You must complete a statement in space P concerning gross receipts.	dary trans	smission s amour \$	n service	K Gross Receipts
				g.000 (000.p.c)	
Instru Com Com If yo fee f If yo acco If pa	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amore rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable part impanying this form and attach the schedule to your statement of account. rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be of x 3 below.	s of the D	DSE Sch	edule	L Copyright Royalty Fee
If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en	tered on	line 2 in	block	
▶ If pa	iow. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be ente	ered on l	ine	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee i system's gross receipts for the accounting period.				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	; 	\$	3,425,221.80	
	This is your minimum fee.	\$		36,444.36	
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "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 carry Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	n 4, you m d?	nust che	ck	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	_	\$	13,464.42	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			2,805.95	
	Line 3. Add lines 1 and 2 and enter here	\$		16,270.37	
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 	<u>-</u>	\$	<u>36,444.36</u> 0.00	Cable systems submitting additional
	zero. 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	\$		37,169.36	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (So general instructions located in the paper SA3 form for more information.)	ee page ((i) of the		

ACCOUNTING PERIOD: 2020/2

ACCOUNTING PERIC	JD. 2020/2							FORM SA	3E. PAGE 8.
Name	LEGAL NAME OF OWNER							SY	STEM ID# 1938
M Channels	CHANNELS Instructions: You to its subscribers at 1. Enter the total nu	nd (2) the	cable system's to	otal number of ac	-				
	system carried te	elevision b	roadcast stations					. 37	
		le system	activated channels carried television	broadcast stati		·····	·····	306]
N Individual to Be Contacted	INDIVIDUAL TO B we can contact abo				ION IS NEEDED:	(Identify an ind	dividual		
for Further	Name JOEL S	SMITH					Telephone	218.346.8270	
Information		treet, rural ro M, MN	oute, apartment, or si	uite number)					
	(Oity, town,	state, zip)							
	Email	joel.sn	nith@arvig.co	m		Fax (op	otional)		
0	CERTIFICATION (Thi				-	rdance with Co	pyright Office regu	ulations.)	
Certifcation	• I, the undersigned, h	ereby certi	ty that (Check one	, but only one , of	the boxes.)				
	Owner other tha	n corpora	tion or partnershi	i p) I am the owne	er of the cable syst	em as identifed	in line 1 of space E	3; or	
	(Agent of owner of in line 1 of a		corporation or p nd that the owner is				wner of the cable s	system as identified	
	(Officer or partner in line 1 of a		officer (if a corpor	ration) or a partne	er (if a partnership)) of the legal ent	ity identifed as own	ner of the cable system	
	 I have examined the are true, complete, a [18 U.S.C., Section 4 	ind correct	to the best of my l					herein	
		X	/s/ David R.	Arvig					
		(e.g., /s/		re entering the firs	t forward slash of t	he /s/ signature,		n the box and press the "F2" patibility settings.	
		Typed c	or printed name:	David R. Ar	rvig				
		Title:	Vice Preside (Title of officia		orporation or partner	ship)			
		Date:	Feb. 25, 2021						
Privacy Act Notice	Section 111 of title 17 of	the United	States Code autho	prizes the Copyrig	ht Offce to collect t	he personally ide	entifying 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 Office'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 filing, a determination that would be made by a court of law.

BLE SYSTEM: CATIONS, INC.	SYSTEM ID# 1938	Name
er Act of 1988 amended Title 17, section 111(d)(1)(A), of t e total number of subscribers and the gross amounts paid ng secondary transmissions of primary broadcast transmitt	he Copyright Act by adding the fol- to the cable system for the basic ers, the system shall not include sub-	P Special Statement Concerning
riod did the cable system exclude any amounts of gross re		Gross Receip Exclusion
to satellite dish owners?		
here and list the satellite carrier(s) below.	<u>\$</u>	
Name Mailing Address		
MENTS		
		Q
t of late payment or underpayment		Interest Assessmei
the interest rate* and enter the sum here		
the number of days late and enter the sum here		
	\$ (interest charge)	
	ate.pdf. For further assistance please	
equivalent of 1/365, which is the interest assessment for	one day late.	
	mitted to the Convright Office	
is worksheet covering a statement of account already subr ler, address, first community served, accounting period, ar		
•		
	rer Act of 1988 amended Title 17, section 111(d)(1)(A), of the total number of subscribers and the gross amounts paiding secondary transmissions of primary broadcast transmittion the collected from subscribers receiving secondary transmissions of primary broadcast transmittion when to exclude these amounts, see the note on page (vii eriod did the cable system exclude any amounts of gross resist to satellite dish owners? here and list the satellite carrier(s) below. Name Mailing Address SMENTS worksheet for those royalty payments submitted as a resulterest assessment, see page (viii) of the general instruction at of late payment or underpayment . the interest rate* and enter the sum here . 0.000274** enter here and on line 3, block 4, ., (page 7) . trate chart click on www.copyright.gov/licensing/interest-reging Division at (202) 707-8150 or licensing@loc.gov.	EXT CONCERNING GROSS RECEIPTS EXCLUSIONS For Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- te total number of subscribers and the gross amounts paid to the cable system for the basic ng secondary transmissions of primary broadcast transmitters, the system shall not include sub- unts collected from subscribers receiving secondary transmissions pursuant to section 119." when to exclude these amounts, see the note on page (vii) of the general instructions in the ariod did the cable system exclude any amounts of gross receipts for secondary transmissions to satellite dish owners? Inter and list the satellite carrier(s) below. SMENTS Worksheet for those royalty payments submitted as a result of a late payment or underpayment. are stassessment, see page (viii) of the general instructions in the paper SA3 form. It of late payment or underpayment

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#
1	TEKSTAR COMMUNICA	TIONS, INC.				1938
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S:			
	 Add the DSEs of each station. 					
	Enter the sum here and in line 1	of part 5 of this	schedule.		1.75	
	Instructions:			•		-
2	In the column headed "Call S	ign": list the call	signs of all distant stations	identified by the	e letter "O" in column 5	
	of space G (page 3). In the column headed "DSE":	for each indepe	ndont station, give the DSE	ac "1 0": for or	ch notwork or noncom-	
	mercial educational station, give			as 1.0, 101 ea	actimetwork of honcom-	
Category "O"			CATEGORY "O" STATION	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KFME	0.250	KWCM	0.250	WCCO	0.250
	КТСА	0.250	KAWE	0.250	KVRR	0.250
	WDSE	0.250				
				1		
				1		
Add rows as						
necessary.				-		
Remember to copy all		••••••		*		
formula into new						
rows.						
				.		
				.		
		••••••				
		••••••				
				·		
		LJ		LL	.1	I

		T	
		L	

Name	TEKSTAR C	OMMUNICATIONS, II	NC.						SYSTEM 19
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 be carried ou Column 5 give the type- Column 6	ast the call sign of all dista 2: For each station, give to correspond with the infor 3: For each station, give to 4: Divide the figure in colu- total tal least to the third decir 5: For each independent totalue as ".25." 5: Multiply the figure in colu- point. This is the station's	the number of rmation given i the total numbe umn 2 by the fi mal point. This station, give th olumn 4 by the s DSE. (For me	hours your cable sy in space J. Calculat er of hours that the igure in column 3, a s is the "basis of car he "type-value" as "1 figure in column 5, ore information on r	stem carried th e only one DSE tation broadca nd give the resu iage value" for 0." For each n and give the reso bunding, see pa	e station of for each st over the ult in decir the station etwork or sult in colu age (viii) o	Juring the accounting station. e air during the accounting nals in column 4. Thi n. noncommercial educ umn 6. Round to no le f the general instruct	unting period. is figure must cational station, ess than the	
	1. CALL SIGN	2. NUMBE OF HO CARRII SYSTE	ER URS ED BY	Y LAC STATIO 3. NUMBER OF HOURS STATION ON AIR	4. BAS	IS OF RIAGE	5. TYPE		SE
					=		x	=	
			÷ ÷		=		x x	=	
			÷				x	=	
							x	=	
					=		x x		
			÷		=		x	=	
4	Add the DSEs Enter the su Instructions: Column 1: Giv • Was carried	s OF CATEGORY LAC S of each station. um here and in line 2 of p ve the call sign of each st d by your system in subsi ect on October 19, 1976 (bart 5 of this sc	space I (page 5, the	Log of Substituter was permi	ute Progra			
4 Computation of DSEs for Substitute- Basis Stations	Add the DSEs Enter the su Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	of each station. um here and in line 2 of p ve the call sign of each st	tation listed in s titution for a pr (as shown by t york programs of a number of live spond with the s in the calend nn 2 by the figu	space I (page 5, the ogram that your sys the letter "P" in colur during that optional of e, nonnetwork progg b information in space lar year: 365, excep ure in column 3, and	Log of Substitu tem was permi an 7 of space I arriage (as show ams carried in e I. in a leap year. give the result	ute Progra tted to del); and vn by the w substitutic	ms) if that station: ete under FCC rules vord "Yes" in column 2 on for programs that v n 4. Round to no less	and regular- of were deleted	ı).
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Computation of DSEs for Substitute-	Add the DSEs Enter the su Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	of each station. um here and in line 2 of p ve the call sign of each st d by your system in subst ect on October 19, 1976 (one or more live, nonnetw For each station give the This figure should corre Enter the number of days Divide the figure in colum This is the station's DSE Si 2. NUMBER OF	tation listed in s titution for a pr (as shown by t york programs of e number of live espond with the s in the calend nn 2 by the figu (For more info UBSTITUTE 3. NUMB OF DA	space I (page 5, the ogram that your sys the letter "P" in colur during that optional of information in space lar year: 365, excep ure in column 3, and ormation on roundin E-BASIS STAT BER 4. DSE YS	Log of Substitu tem was permi nn 7 of space I arriage (as shov ams carried in e I. in a leap year. give the result , see page (vii	ute Progra tted to del); and vn by the w substitutic : in columr i) of the gr PUTATI(L	ms) if that station: ete under FCC rules vord "Yes" in column 2 on for programs that v n 4. Round to no less eneral instructions in ON OF DSEs 2. NUMBER OF	and regular- of were deleted the paper SA3 form 3. NUMBER OF DAYS	1
Computation of DSEs for Substitute-	Add the DSEs Enter the su Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point.	of each station. um here and in line 2 of p ve the call sign of each st d by your system in subst ect on October 19, 1976 (one or more live, nonnetw For each station give the This figure should corre Enter the number of days Divide the figure in colun This is the station's DSE Si 2. NUMBER OF PROGRAMS	tation listed in s titution for a pr (as shown by t ork programs of e number of live spond with the s in the calend nn 2 by the figu (For more info UBSTITUTE 3. NUMB	space I (page 5, the ogram that your sys the letter "P" in colur during that optional of information in space lar year: 365, excep ure in column 3, and ormation on roundin E-BASIS STAT BER 4. DSE YS	Log of Substitu tem was permi an 7 of space I arriage (as show ams carried in e I. in a leap year. give the result g, see page (vii ONS: COMI	ute Progra tted to del); and vn by the w substitutic : in columr i) of the gr PUTATI(L	ms) if that station: ete under FCC rules vord "Yes" in column 2 on for programs that v n 4. Round to no less eneral instructions in ON OF DSEs 2. NUMBER OF PROGRAMS	and regular- of were deleted the paper SA3 form 3. NUMBER	1
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Computation of DSEs for Substitute- Basis Stations	Add the DSEs Enter the su Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN 1. CALL SIGN SUM OF DSEs Add the DSEs Enter the su TOTAL NUMBI	of each station. um here and in line 2 of p ve the call sign of each st d by your system in subsi- ect on October 19, 1976 (one or more live, nonnetw For each station give the This figure should corre Enter the number of days Divide the figure in colun This is the station's DSE SI 2. NUMBER OF PROGRAMS S of each station. um here and in line 3 of p ER OF DSEs: Give the arr	tation listed in s titution for a pr (as shown by t spond with the s in the calend nn 2 by the figu (For more info UBSTITUTE 3. NUMB OF DA iN YEA ÷ ÷ ÷ st station listed in s substrict of this sc in the calend solution of the s in the calend nn 2 by the figu (For more info UBSTITUTE 3. NUMB of DA iN YEA station of the s station of the science of the science of the sconsored in the science of	space I (page 5, the ogram that your sys the letter "P" in colur during that optional of e, nonnetwork progu- information in space lar year: 365, excep ure in column 3, and ormation on roundin E-BASIS STAT BER 4. DSE YS AR = = = = = = = = = = = =	Log of Substitu tem was permi nn 7 of space I arriage (as show ams carried in e I. in a leap year. give the result g, see page (vii ONS: COMI 1. CAL SIG	tte Progra tted to del); and vn by the w substitutio : in columr i) of the ge PUTATIO L N	ms) if that station: ete under FCC rules vord "Yes" in column 2 on for programs that on the 4. Round to no less eneral instructions in ON OF DSEs 2. NUMBER OF PROGRAMS	and regular- of were deleted the paper SA3 form 3. NUMBER OF DAYS IN YEAR ÷ ÷ ÷ ÷	4. DS
Computation of DSEs for Substitute- Basis Stations	Add the DSEs Enter the su Instructions: Column 1: Giv • Was carrier tions in effe • Broadcast of space I), Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN 1. CALL SIGN SUM OF DSEs Add the DSEs Enter the su TOTAL NUMBI number of DSE 1. Number	of each station. um here and in line 2 of p ve the call sign of each st d by your system in subsi- eact on October 19, 1976 (one or more live, nonnetw For each station give the This figure should corre Enter the number of days Divide the figure in colum This is the station's DSE S 2. NUMBER OF PROGRAMS S of each station. um here and in line 3 of p ER OF DSEs: Give the am s applicable to your system	tation listed in s titution for a pr (as shown by t spond with the s in the calend nn 2 by the figu (For more info UBSTITUTE 3. NUMB OF DA iN YEA ÷ ÷ ÷ st station listed in s substrict of this sc in the calend solution of the s in the calend nn 2 by the figu (For more info UBSTITUTE 3. NUMB of DA iN YEA station of the s station of the science of the science of the sconsored in the science of	space I (page 5, the ogram that your sys the letter "P" in colur during that optional of e, nonnetwork progu- information in space lar year: 365, excep ure in column 3, and ormation on roundin E-BASIS STAT BER 4. DSE YS AR = = = = = = = = = = = =	Log of Substitu tem was permi nn 7 of space I arriage (as show ams carried in e I. in a leap year. give the result g, see page (vii ONS: COMI 1. CAL SIG	tte Progra tted to del); and vn by the w substitutio : in columr i) of the ge PUTATIO L N	ms) if that station: ete under FCC rules vord "Yes" in column 2 on for programs that on the 4. Round to no less eneral instructions in ON OF DSEs 2. NUMBER OF PROGRAMS	and regular- of were deleted the paper SA3 form 3. NUMBER OF DAYS IN YEAR ÷ ÷ ÷ ÷	4. DS

	WNER OF CABLE S						S	YSTEM ID# 1938	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rea "No," complete bloo	mainder of pa		of the DSE schedu	ule blank and o	complete part	8, (page 16) of the		6
			BLOCK A:	TELEVISION M	ARKETS				Computation of
effect on June 24,	1981?			er markets as defin			C rules and regula	itions in	3.75 Fee
	plete part 8 of the s plete blocks B and (O NOT COMP	LETE THE REMAIN	IDER OF PAF	RT 6 AND 7.			
		BLOO	CK B: CARF		/ITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	of distant stat gulations prio e DSE Sched	tions listed in r to June 25, 1 ule. (Note: Th	part 2, 3, and 4 of th 1981. For further ex e letter M below ref	nis schedule the planation of p	hat your syster ermitted statio	ns, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static	les and regula ed pursuant to on as defined	ations cited be the FCC mar in 76.5(kk) (76	sis on which you ca dow pertain to those ket quota rules [76. 6.59(d)(1), 76.61(e) 9(c), 76.61(d), 76.63	e in effect on J 57, 76.59(b), (1), 76.63(a) r	lune 24, 1981. 76.61(b)(c), 76 referring to 76.	5.63(a) referring to		
	instructions for E Carried pursua *F A station prev	r DSE schedu ant to individua viously carried HF station wit	lle). al waiver of F(d on a part-tim thin grade-B c	e or substitute basi ontour, [76.59(d)(5)	s prior to June	9 25, 1981		I	
Column 3:		stations iden	tified by the le	parts 2, 3, and 4 of ttter "F" in column 2			rksheet on page 14	4 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	
KFME	C	0.25							
WDSE	С	0.25							
						•		0.50	
		E	BLOCK C: CO	OMPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of [DSEs from p	art 5 of this s	schedule					
Line 2: Enter the	sum of permitted	d DSEs from	block B abo	ve				<u> </u>	
				of DSEs subject t 7 of this schedule)		ite.			
Line 4: Enter gro	ess receipts from	space K (pa	ge 7)					375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sum	n here						partially permited/ partially
							х		nonpermitted carriage?

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)

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Line 6: Enter total number of DSEs from line 3

If yes, see part

9 instructions.

0.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# TEKSTAR COMMUNICATIONS, INC. 1938								Name			
				K							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	
											Computation of 3.75 Fee
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ACCOUNTING PERIOD: 2020/2

								C	DSE SCHE	EDULE. PAGE 14.	
Nama	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:						S	YSTEM ID#	
Name	TEKSTAR COM	MUNICATIO	DNS, INC.							1938	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the Station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verifcation from the designated statement of account on fle in the Licensing Division. 										
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS										
1	4.0411	1					1		~ -		
	1. CALL	2. PRIC		COUNTING		ASIS OF		RESENT	6. P	ERMITTED	
	SIGN	DSE	PI	ERIOD	CA	RRIAGE		DSE		DSE	
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.										
Syndicated	BLOCK A: MAJOR TELEVISION MARKET										
Exclusivity	BLOCK A: MAJOR TELEVISION MARKET										
Surcharge	• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?										
	Yes—Complete blocks B and C . No—Proceed to part 8										
	BLOCK B: C	arriage of VHF	/Grade B Contour	Stations		BLOCI	K C: Compu	tation of Exemp	ot DSEs		
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?										
	Yes—List each st	ation below with	its appropriate perm	itted DSF		es—List each st	ation below w	vith its appropriate	e permitte	ed DSF	
						lo—Enter zero ar			- porniti		
	X No—Enter zero a	na proceed to pa	an O.		X			parto.			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE	
	CHEL SIGH	202					202	0, LE 0101			
							<u> </u>				
				+			<u> </u>				
				+			<u> </u>				
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			TOTAL DSEs	0.00				TOTAL DSI	Es	0.00	

BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE Section 1 Inter the amount of gross receipts from space K (page 7) Section 2 A. Enter the total DSEs from block B of part 7 B. Enter the total number of exempt DSEs from block C of part 7 Image: Colspan="2">Image: Colspan="2" Image: Colspan="	21.8070.00Computation of the Syndicated Exclusivity Surcharge0.000.00
1 Enter the amount of gross receipts from space K (page 7)	0.00 Computation of the 0.00 Syndicated Exclusivity Surcharge
2 A. Enter the total DSEs from block B of part 7	0.00 of the Syndicated Exclusivity Surcharge
C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00 Syndicated Exclusivity Surcharge
subject to the surcharge computation. If zero, proceed to part 8. \$	Surcharge
Yes—Complete section 3 below. X No—Complete section 4 below. SECTION 3: TOP 50 TELEVISION MARKET Section 3 * Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 3a * Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
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.	
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 2h 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.	
A. Enter 0.00599 of gross receipts (the amount in section 1)	
B. Enter 0.00377 of gross receipts (the amount in section 1) 8	
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 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	

ACCOUNTING PERIOD: 2020/2

		DSE SCHEDULE. PA	AGE 16.							
Name		ME OF OWNER OF CABLE SYSTEM: SYSTEM:								
		TEKSTAR COMMUNICATIONS, INC.	1938							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)								
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge	I .							
8 Computation of Base Rate Fee	You m 6 was • In blo • If you blank What i were lo	ctions: nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. 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 c. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS Or 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.									
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	Section 1 Enter the amount of gross receipts from space K (page 7) S									
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)▶								
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)								
		and in block 3, line 1, space L (page 7) Base Rate Fee.	0.00							

DSE SCHEDULE. PAGE 17.

EGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
TEKS	TAR COMMUNICATIONS, INC. 1938	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts (the amount in section 1)►\$	Ŭ
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1)	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here	
	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 S 0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of
		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compu groups	tting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
	section:	
	fy the communities/areas represented by each subscriber group.	
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and s schedule; or,	
	cortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name	TEKSTAR COMMUNICATIONS, INC.	1938
	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.	9
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE						S	YSTEM ID# 1938	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GROU	P		SECOND	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	Sub Gro	oup #1/Otter Tail (Cty Cent	COMMUNITY/ AREA	Sub Gro	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KFME	0.25			КМСМ	0.25			Base Rate Fee
KWCM	0.25			KFME	0.25			and Syndicated Exclusivity Surcharge for Partially Distant Stations
Total DSEs			0.50	Total DSEs			0.50	
Gross Receipts First G	roup	<u>\$ 1,271</u>	,752.82	Gross Receipts Second Group \$ 13,260.00				
Base Rate Fee First G	roup	\$ 6	,765.73	Base Rate Fee Secon	d Group	\$	70.54	
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA	Sub Gro	oup #3/Becker Co	unty	COMMUNITY/ AREA	y			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WCCO	0.25							
KWCM	·		0.50	Total DSEs Gross Receipts Fourth		<u>\$</u>	0.00 93,161.70	
Base Rate Fee Third G Base Rate Fee: Add th Enter here and in block	e base rate	fees for each subscri	,406.02	Base Rate Fee Fourth		\$\$	0.00	
	., . ,.,.,							

LEGAL NAME OF OWNE TEKSTAR COMMU							SYSTEM ID# 1938	Name	
E	BLOCK A:	COMPUTATION O	F BASE R	ATE FEES FOR EACH	SUBSCRIE	BER GROUP			
		SUBSCRIBER GRO				SUBSCRIBER GRC	UP	9	
COMMUNITY/ AREA	Sub Gro	oup #5/Norman (County	COMMUNITY/ AREA	Sub Gro	Sub Group #6/Mahnomen, Clearwate			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of			
WCCO	0.25	ONEL DIGIN	DOL	KWCM	0.25	CALL SIGN	DSE	Base Rate Fee	
				WCCO	0.25			and Syndicated	
			••• •••					Exclusivity	
								Surcharge for	
								Partially Distant	
								Stations	
Total DSEs			0.25	Total DSEs			0.50		
Gross Receipts First G	roup	<u>\$</u>	3,598.20	Gross Receipts Second Group \$ 141,474.20					
Base Rate Fee First Group \$ 22.87			Base Rate Fee Secon	d Group	\$	752.64			
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO)UP		
COMMUNITY/ AREA	Sub Gro	oup #7/Becker C	ounty/Os	COMMUNITY/ AREA	Sub Gro	up #8/Todd, Pop	be, and Doug		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
KWCM KFME	0.25			КТСА	0.25				
	0.23								
Total DSEs			0.50	Total DSEs			0.25		
Gross Receipts Third G	iroup	\$ 27	7,045.20	Gross Receipts Fourth	Group	\$	85,065.90		
Base Rate Fee Third G	iroup	\$	143.88	Base Rate Fee Fourth	Group	\$	226.28		
Base Rate Fee: Add th Enter here and in block			riber group :	as shown in the boxes ab	ove.	\$			

LEGAL NAME OF OWNE							SYSTEM ID# 1938	Na
				TE FEES FOR EACH				
		SUBSCRIBER GRO				SUBSCRIBER GRC		
COMMUNITY/ AREA	Sub Group #9/Cass-Hubbard Co			COMMUNITY/ AREA	Sub Group #10/Wadena County SE			Com
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				KAWE	0.25			Base
								-
			·····					Syn Exc
	•••		·····					Sur
			·····					•••
								Ра
								Di
			·····					Sta
	•••							
	•				<mark></mark>			
		1						
otal DSEs			0.00	Total DSEs 0.25			0.25	
Bross Receipts First G	roup	\$ 58	80,066.49	Gross Receipts Secon	d Group	\$	9,534.20	
a se Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	25.36	
ELEVENTH SUBSCRIBER GROUP						SUBSCRIBER GRC		
COMMUNITY/ AREA Sub Group #11/Hubbard Cty - Pa			d Cty - Pa	COMMUNITY/ AREA Sub Group #12/Itasca County			ounty	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WDSE	0.25			
			·····					
		+	·····					
	•••							
					<mark></mark>			
		+			··			
		1						
					<mark></mark>			
					<mark></mark>			
otal DSEs			0.00	Total DSEs			0.25	
Gross Receipts Third Group \$ 159,881.41		Gross Receipts Fourth	Group	\$	19,212.60			
	· · F		,		12	·		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	51.11		
Base Rate Fee: Add th	e base rat	e fees for each subs	criber group a	II as shown in the boxes ab	oove.			
inter here and in block			group a			\$		

				ATE FEES FOR EACH			
OMMUNITY/ AREA	FIRST SUBSCRIBER GROUP Sub Group #1/Otter Tail Cty Cent				COND SUBSCRIBER GROUP		
				COMMONT I/ AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						-	
			·····				
			•••••				
			•••••				
			•••••		•		
					·		
tal DSEs			0.00	Total DSEs			0.00
Gross Receipts First Group		<u>\$ 1,27</u>	1,752.82	Gross Receipts Secon	d Group	\$	13,260.00
se Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00
	THIRD	SUBSCRIBER GRO	OUP		FOURTH	SUBSCRIBER GR	OUP
DMMUNITY/ AREA Sub Group #3/Becker County			COMMUNITY/ AREA Sub Group #4/Clay County				
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				wcco	0.25	-	
			••••• •••••				
			••••••				
			·····				
	·····		·····		·		
Total DSEs 0.00		Total DSEs			0.25		
oss Receipts Third G	Broup	<u>\$ 1,01</u>	6,169.08	Gross Receipts Fourth	Group	\$	93,161.70
. . .					0		
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth	Group	\$ 873.39	
				11			
se Rate Fee: Add there is a constant of the second se			criber group a	as shown in the boxes ab	ove.		2,805.95

FORM SA3E. P	AGE 19.
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	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
FIFTH SUBSCRIBER GROUP				SIXTH SUBSCRIBER GROUP				
OMMUNITY/ AREA	Sub Group #5/Norman County			COMMUNITY/ AREA	Sub Group #6/Mahnomen, Clearwat		ien, Clearwate	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			••••		<mark>.</mark>	+		
			••••			+		
			•••		•	+		
			••••		·	+		
	••••••••••••••••••••••••••••••••••••••		•••		•	<u>+</u>		
			••••		•	++		
	<u> </u>	<u>!</u>	0.00			++	0.00	
otal DSEs				Total DSEs		0.00		
oss Receipts First G	roup	\$ 8,598.20		Gross Receipts Second	d Group	\$	141,474.20	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
				a Group	•			
							+	
		SUBSCRIBER GRO			EIGHTH	SUBSCRIBER GR	ROUP	
DMMUNITY/ AREA		SUBSCRIBER GRO DUP #7/Becker C		COMMUNITY/ AREA	EIGHTH		ROUP	
ALL SIGN				COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GR	ROUP	
ALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
ALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN CCO	Sub Gr	oup #7/Becker C	ounty/Os		EIGHTH Sub Gro	SUBSCRIBER GR	ROUP	
CALL SIGN /CCO	Sub Gr	CALL SIGN	OUNTY/OS	CALL SIGN	EIGHTH Sub Gro	SUBSCRIBER GF Dup #8/Todd, Pe	ROUP ppe, and Doug DSE DSE 0.00	
OMMUNITY/ AREA	Sub Gr	CALL SIGN	DSE	CALL SIGN	EIGHTH Sub Gro	SUBSCRIBER GR	ROUP ppe, and Doug DSE	
CALL SIGN VCCO	Sub Gr	CALL SIGN	OUNTY/OS	CALL SIGN	EIGHTH Sub Gro	SUBSCRIBER GF Dup #8/Todd, Pe	ROUP ppe, and Doug DSE DSE 0.00	
CALL SIGN VCCO	Sub Gr	CALL SIGN	OUNTY/OS	CALL SIGN	EIGHTH Sub Group	SUBSCRIBER GF Dup #8/Todd, Pe	ROUP ppe, and Doug DSE DSE 0.00	
CALL SIGN CCO	Sub Gr	CALL SIGN	0.25 7,045.20	CALL SIGN	EIGHTH Sub Group	SUBSCRIBER GF pup #8/Todd, Pe CALL SIGN CALL SIGN S	ROUP ppe, and Doug DSE DSE 0.00 85,065.90	
ALL SIGN CCO	Sub Gr	CALL SIGN	0.25 7,045.20	CALL SIGN	EIGHTH Sub Group	SUBSCRIBER GF pup #8/Todd, Pe CALL SIGN CALL SIGN S	ROUP ppe, and Doug DSE DSE 0.00 85,065.90	
ALL SIGN CCO al DSEs pss Receipts Third (se Rate Fee Third (Sub Gr	CALL SIGN	ounty/Os DSE DSE 0.25 7,045.20 253.55	CALL SIGN	EIGHTH Sub Gro DSE	SUBSCRIBER GF pup #8/Todd, Pe CALL SIGN CALL SIGN S	ROUP ppe, and Doug DSE DSE 0.00 85,065.90	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER TEKSTAR COMMU							SYSTEM ID# 1938	Name
E	BLOCK A:	COMPUTATION	OF BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINTH SUBSCRIBER GROUP			TENTH SUBSCRIBER GROUP				•	
COMMUNITY/ AREA	Sub Group #9/Cass-Hubbard Co			COMMUNITY/ AREA	Sub Group #10/Wadena County SE			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
			•••••				······	Surcharge
			•••••					for Partially
			•••••					Distant
			•••••					Stations
						-		
Total DSEs			0.00	Total DSEs 0.00				
Gross Receipts First Gr	roup	\$ 58	30,066.49	Gross Receipts Secon	d Group	\$ 9,534.20		
Base Rate Fee First Group \$ 0.00			Base Rate Fee Secon	0.00				
E	LEVENTH	SUBSCRIBER GRO	OUP					
COMMUNITY/ AREA	Sub Gr	oup #11/Hubbar	d Cty - Pa	COMMUNITY/ AREA	Sub Gro	up #12/Itasca Co	ounty	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KVRR	0.25		•••••	wcco	0.25		······	
			•••••					
			•••••					
			•••••					
						_		
			•••••				······	
	···		•••••					
	···		•••••					
			•••••					
Total DSEs			0.25	Total DSEs			0.25	
Gross Receipts Third Group \$ 159,881.41		Gross Receipts Fourth	Group	\$	19,212.60			
Base Rate Fee Third Group \$ 1,498		1,498.89	Base Rate Fee Fourth	Group	\$	180.12		
				11				
		e fees for each subs bace L (page 7)	scriber group a	as shown in the boxes at	ove.	¢		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SASE. PAGE 20. SYSTEM ID#						
Name	TEKSTAR COMMUNICATIONS, INC.	1938						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of	First 50 major television market	Second 50 major television market						
Base Rate Fee	INSTRUCTIONS:							
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.							
Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as							
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter zero.							
for Partially	Step 3:In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.Step 4:Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this							
Distant Stations	schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge						
	computation	computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge						
	computation	computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7							