This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/22/2021	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2020/2								
B	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 perion Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
				634922020/2					
				63492 2020/2					
	107 S STATE STREET, P.O. BOX 100 TERRIL, IA 51364								
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of								
System	1 IDENTIFICATION OF CABLE SYSTEM:		-						
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b					
Area Served	with all communities.	STATE							
First	CITY OR TOWN TITONKA-BURT	IA							
Community	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
Campio	Alliance	MD	В	2					
	Gering	MD	В	3					

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

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
			63492	
NORTHERN IOWA COMMUNICATIONS PARTNERS			03492	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The free of system identification hereafter known as the "first community." Please use it as the first Note: Entities and properties such as hotels, apartments, condominiums, or mobile homest the identification of the properties are the such as hotels.	orated communit t community that t community on	ies within unincorp you list will serve a all future filings.	orated as a form	D Area Served
below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., on 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 redesignated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community-by	e column blank. levant communit nity basis, assoc	If you report any st y with a subscriber iate each commun	ations group, ity with a	
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		up designated by a	a number	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
TITONKA-BURT	IA	Α	1	First
EVERLY	IA	В	2	Community
RUTHVEN	IA	В	3	
ROYAL	IA	В	4	
ARMSTRONG	IA	С	5	
TERRIL	IA	В	6	See instructions for
RINGSTED	IA	С	7	additional information
PALMER	IA	D	8	on alphabetization.
POCAHONTAS	IA	E	9	
PLOVER	IA	Е	10	
CURLEW	IA	E	11	Add rows as necessary.
ROLFE	IA	Е	12	Add Tows as necessary.
MALLARD	IA	Е	13	
WEST BEND	IA	<u>E</u>	14	
HAVELOCK	IA	E	15	
WHITTEMORE	IA	Е	16	
AYRSHIRE - GILLETTE GROVE	IA.	F	17	
SWEA CITY	IA	G	18	
ALGONA	IA	H	19	
GRAETTINGER - WALLINGFORD	IA	В	20	

<mark></mark>	······································	•

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

NORTHERN IOWA COMMUNICATIONS PARTNERS

SYSTEM ID#
63492

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	F	RATE
Residential:							
Service to first set	2,547	\$ 44.79)	TIER 2 - EXPANDED	328	\$	50.90
Service to additional set(s)				TIER 3 - PREMIER	1,846	\$	61.86
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential						1	
						•	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1				BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE	CATEG	ORY OF SERVICE	F	RATE
Continuing Services:		Installation: Non-residential						
Pay cable		Motel, hotel			нво		\$	17.50
Pay cable—add'l channel		Commercial			CINEMA	ιX	\$	14.50
Fire protection		• Pay cable			SHOWT	IME	\$	15.00
•Burglar protection		Pay cable-add'l channel			STARZ		\$	10.00
Installation: Residential		Fire protection			PLAYBO	ΟY	\$	14.00
• First set	\$ 30.00	Burglar protection						
Additional set(s)		Other services:						
• FM radio (if separate rate)		Reconnect	\$	30.00				
Converter		Disconnect		N/C				
		Outlet relocation	\$	30.00				
		Move to new address	\$	30.00			•	
							•	

FORM SA3E. PAGE 3.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on ε substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast 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 i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 representin 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 5. BASIS OF 1. CALL 2. B'CAST 3 TYPE . DISTANT? 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) KDIN 11.1 Ε DES MOINES. IA No KDINDT2 11.2 E-M No DES MOINES, IA See instructions for additional information or KDINDT3 11.3 E-M No DES MOINES, IA KDINDT4 11.4 E-M DES MOINES, IA No KCCIDT 8.1 No DES MOINES, IA N KCCIDT2 8.2 N-M DES MOINES, IA No KCCIDT3 8.3 N-M No DES MOINES, IA KEYCDT Ν 12.1 Yes MANKATO, MN KCWIDT Ν 23.1 No DES MOINES, IA KCWIDT2 N-M DES MOINES, IA 23.2 No KCWIDT3 23.3 N-M No DES MOINES, IA KCWIDT4 23.4 N-M No DES MOINES, IA WOIDT DES MOINES, IA Ν No 5.1 WOIDT2 No DES MOINES, IA 5.2 N-M WOIDT3 5.3 N-M No DES MOINES, IA WOIDT4 N-M DES MOINES, IA 5.4 No DES MOINES, IA **KDSMDT** 17.1 N No KDSMDT2 17.2 N-M No DES MOINES, IA KDSMDT3 17.3 N-M DES MOINES, IA No KDSMDT4 17.4 N-M No DES MOINES, IA DES MOINES, IA WHODT 13.1 Ν No DES MOINES, IA WHODT2 13.2 N-M No DES MOINES, IA WHODT3 13.3 N-M Nο WHODT4 13.4 N-M DES MOINES, IA No DES MOINES, IA **KDMIDT** 19.1 No DES MOINES, IA KDMIDT3 56.3 I-M No **KFPXDT** 39.1 No DES MOINES, IA KFPXDT3 I-M DES MOINES, IA 39.3 No

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NORTHERN IOWA COMMUNICATIONS PARTNERS

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

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

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

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

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

		CHANN	EL LINE-UP	В	
		1		_	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
KDIN	11.1	E	yes	E	DES MOINES, IA
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA
KDINDT3	11.3	E-M	Yes	E	DES MOINES, IA
KDINDT4	11.4	E-M	Yes	E	DES MOINES, IA
KTIVDT	4.1	N	No		SIOUX CITY, IA
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA
KCAUDT	9.1	N	No		SIOUX CITY, IA
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA
KPTHDT	44.1	N	No		SIOUX CITY, IA
KPTHDT2	44.2	N-M	No		SIOUX CITY, IA
KPTHDT3	44.3	N-M	No		SIOUX CITY, IA
KPTHDT4	44.4	N-M	No		SIOUX CITY, IA
KMEGDT	14.1	N	No		SIOUX CITY, IA
KMEGDT2	14.2	N-M	No		SIOUX CITY, IA
KMEGDT3	14.3	N	NO		SIOUX CITY, IA

G

Primary
Transmitters:
Television

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

CHANNEL LINE-UP C								
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			
KDIN	11.1	Е	Yes	E	DES MOINES, IA			
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA			
KDINDT3	11.3	E-M	Yes	Е	DES MOINES, IA			
KDINDT4	11.4	E-M	Yes	Е	DES MOINES, IA			
KEYCDT	12.1	N	Yes	0	MANKATO, MN			
KTIVDT	4.1	N	No		SIOUX CITY, IA			
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA			
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA			
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA			
KCAUDT	9.1	N	No		SIOUX CITY, IA			
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA			
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA			
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA			
KPTHDT	44.1	N	No		SIOUX CITY, IA			
KPTHDT2	44.2	N-M	No		SIOUX CITY, IA			
KPTHDT3	44.3	N-M	No		SIOUX CITY, IA			
KPTHDT4	44.4	N-M	No		SIOUX CITY, IA			
KMEGDT	14.1	N	No		SIOUX CITY, IA			
KMEGDT2	14.2	N-M	No		SIOUX CITY, IA			
KMEGDT3	14.3	N-M	No		SIOUX CITY, IA			

FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by th FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP D 1. CALL 2 B'CAST 3. TYPE 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL ΟF (Yes or No CARRIAGE (If Distant) NUMBER STATION **KDIN** 11.1 Е No DES MOINES, IA KDINDT2 11.2 E-M No DES MOINES, IA KDINDT3 E-M DES MOINES. IA 11.3 Nο KDINDT4 11.4 E-M No DES MOINES, IA KCCIDT 8.1 Ν No DES MOINES, IA KCCIDT2 8.2 N-M No DES MOINES, IA KCCIDT3 8.3 N-M No DES MOINES, IA KCWIDT 23.1 Ν No DES MOINES, IA KCWIDT2 23.2 N-M No DES MOINES, IA KCWIDT3 No DES MOINES, IA 23.3 N-M KCWIDT4 N-M No 23.4 DES MOINES, IA WOIDT 5.1 Ν No DES MOINES, IA WOIDT2 N-M No DES MOINES, IA 5.2 WOIDT3 N-M No DES MOINES, IA 5.3 WOIDT4 5.4 No DES MOINES, IA N-M **KDSMDT** 17.1 N No DES MOINES, IA KDSMDT2 N-M No DES MOINES, IA 17.2 KDSMDT3 17.3 N-M No DES MOINES, IA DES MOINES, IA KDSMDT4 17.4 N-M No WHODT DES MOINES, IA 13.1 No Ν WHODT2 13.2 N-M Νo DES MOINES, IA DES MOINES, IA WHODT3 13.3 N₋M Nο WHODT4 13.4 N-M No DES MOINES, IA **KDMIDT** 19.1 No DES MOINES, IA П KDMIDT3 56.3 I-M No DES MOINES, IA **KFPXDT** 39.1 DES MOINES, IA No No KFPXDT3 39.3 I-M DES MOINES. IA KTIVDT 0 SIOUX CITY, IA 4.1 N Yes KTIVDT2 4.2 N-M Yes 0 SIOUX CITY, IA KTIVDT3 N-M 0 SIOUX CITY, IA 4.3 Yes

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

0

SIOUX CITY, IA

KTIVDT4

4.4

N-M

Yes

FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by th FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 1. CALL 2 B'CAST 3. TYPE 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL ΟF (Yes or No CARRIAGE (If Distant) NUMBER STATION **KDIN** 11.1 Е No DES MOINES, IA KDINDT2 11.2 E-M No DES MOINES, IA KDINDT3 E-M DES MOINES. IA 11.3 Nο KDINDT4 11.4 E-M No DES MOINES, IA KCCIDT 8.1 Ν No DES MOINES, IA KCCIDT2 8.2 N-M No DES MOINES, IA KCCIDT3 8.3 N-M No DES MOINES, IA KCWIDT 23.1 Ν No DES MOINES, IA KCWIDT2 23.2 N-M No DES MOINES, IA KCWIDT3 No DES MOINES, IA 23.3 N-M KCWIDT4 N-M No 23.4 DES MOINES, IA WOIDT 5.1 Ν No DES MOINES, IA WOIDT2 N-M No DES MOINES, IA 5.2 WOIDT3 N-M No DES MOINES, IA 5.3 WOIDT4 5.4 No DES MOINES, IA N-M **KDSMDT** 17.1 N No DES MOINES, IA KDSMDT2 N-M No DES MOINES, IA 17.2 KDSMDT3 17.3 N-M No DES MOINES, IA DES MOINES, IA KDSMDT4 17.4 N-M No WHODT DES MOINES, IA 13.1 No Ν WHODT2 13.2 N-M Νo DES MOINES, IA DES MOINES, IA WHODT3 13.3 N₋M Nο WHODT4 13.4 N-M No DES MOINES, IA **KDMIDT** 19.1 No DES MOINES, IA П KDMIDT3 56.3 I-M No DES MOINES, IA **KFPXDT** 39.1 DES MOINES, IA No No KFPXDT3 39.3 I-M DES MOINES. IA KTIVDT 0 SIOUX CITY, IA 4.1 N Yes KTIVDT2 4.2 N-M Yes 0 SIOUX CITY, IA KTIVDT3 N-M 0 SIOUX CITY, IA 4.3 Yes KTIVDT4 4.4 N-M 0 SIOUX CITY, IA Yes

FORM SA3E. PAGE 3		STEM:			SYSTEM ID#	
	OWA COMMU		S PARTNER	S	63492	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
					and low power television stations)	G
				` '	d only on a part-time basis under ain network programs [sections	G
					and (2) certain stations carried on a	Primary
substitute program b				carried by your o	cable system on a substitute program	Transmitters: Television
basis under specifc				carried by your c	able system on a substitute program	relevision
			t it in space I (the	e Special Stateme	ent and Program Log)—if the	
	ed only on a subst e, and also in spa		tion was carried	both on a substit	tute basis and also on some other	
		erning substit	ute basis station	is, see page (v) o	f the general instructions located	
in the paper SA3 Column 1: List e		sign. Do not r	eport origination	program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
WETA-simulcast).	TA-2 . Simulcast :	sileanis musi	be reported in c	olullili i (list eaci	i stream separately, for example	
					ion for broadcasting over-the-air in may be different from the channel	
on which your cable	system carried th	e station.		0	,	
				,	ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
					pmmercial educational multicast).	
For the meaning of t	these terms, see p	page (v) of the	e general instruc	tions located in th	ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local se	rvice area, see pa	age (v) of the	general instructi	ons located in the	e paper SA3 form.	
Column 5: If you	have entered "Ye	es" in column	4, you must con	nplete column 5, s	stating the basis on which your	
cable system carried carried the distant st		•	٠.	•	tering "LAC" if your cable system capacity.	
					payment because it is the subject	
•				•	stem or an association representing ry transmitter, enter the designa-	
tion "E" (exempt). Fo	or simulcasts, also	enter "E". If	you carried the o	channel on any ot	ther basis, enter "O." For a further	
explanation of these Column 6: Give	three categories, the location of ea	, see page (v) ch station. Fo	of the general in U.S. stations, I	nstructions locate ist the community	ed in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican o	r Canadian statio	ns, if any, give	e the name of th	e community with	which the station is identifed.	
Note: If you are utilize	zing multiple char	nnel line-ups,	use a separate s	space G for each	channel line-up.	
	1	CHANN	EL LINE-UP	F		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
KDIN	NUMBER 11.1	STATION E	Yes	(If Distant)	DES MOINES, IA	
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA	
KDINDT3	11.3	E-M	Yes	E	DES MOINES, IA	
				E		
KDINDT4	11.4	E-M	Yes	•	DES MOINES, IA	
WHODT	13.1	N N M	Yes	0	DES MOINES, IA	
WHODT2	13.2	N-M	Yes	0	DES MOINES, IA	
WHODT3	13.3	N-M	Yes	0	DES MOINES, IA	
WHODT4	13.4	N-M	Yes	0	DES MOINES, IA	
KTIVDT	4.1	N	No		SIOUX CITY, IA	
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA	
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA	
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA	
KCAUDT	9.1	N	No		SIOUX CITY, IA	
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA	
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA	
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA	
KPTHDT	44.1	N	No		SIOUX CITY, IA	
KPTHDT2	44.2	N-M	No		SIOUX CITY, IA	
KPTHDT3	44.3	N-M	No	"		
				<u></u>	SIOUX CITY, IA	
KPTHDT4	44.4	N-M	No	0	SIOUX CITY, IA SIOUX CITY, IA	
KMEGDT	14.1	N	No		SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA	
					SIOUX CITY, IA SIOUX CITY, IA	

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

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **NORTHERN IOWA COMMUNICATIONS PARTNERS** 63492 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multiast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). or the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP G 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER (If Distant) STATION KDIN DES MOINES, IA 11.1 Ε No KDINDT2 11.2 No DES MOINES, IA E-M KDINDT3 11.3 E-M No DES MOINES, IA KDINDT4 11.4 E-M No DES MOINES, IA KCCIDT 8.1 N No DES MOINES, IA KCCIDT2 8.2 N-M No DES MOINES, IA KCCIDT3 **DES MOINES, IA** 8.3 N-M No KEYCDT 12.1 Ν Yes 0 MANKATO, MN KCWIDT 23.1 Ν No DES MOINES, IA KCWIDT2 23.2 N-M No DES MOINES, IA KCWIDT3 23.3 N-M No DES MOINES, IA DES MOINES, IA KCWIDT4 23.4 N-M No WOIDT No DES MOINES, IA 5.1 N WOIDT2 5.2 N-M No DES MOINES, IA WOIDT3 5.3 N-M No DES MOINES, IA WOIDT4 5.4 N-M No DES MOINES, IA KDSMDT DES MOINES, IA 17.1 Ν No KDSMDT2 17.2 N-M DES MOINES, IA No KDSMDT3 DES MOINES, IA 17.3 N-M No KDSMDT4 17 <u>4</u> N-M DES MOINES, IA

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

DES MOINES, IA DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA DES MOINES, IA

DES MOINES, IA

No

No

No

No

No

No

No

No

No

WHODT

WHODT2

WHODT3

WHODT4

KDMIDT

KDMIDT3

KFPXDT

KFPXDT3

13.1

13.2

13.3

13.4

19.1

56.3

39.1

39.3

Ν

N-M

N-M

N-M

ī

I-M

п

I-M

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **NORTHERN IOWA COMMUNICATIONS PARTNERS** 63492 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multiast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). or the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP H 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER (If Distant) STATION KDIN DES MOINES, IA 11.1 Ε No KDINDT2 11.2 No DES MOINES, IA E-M KDINDT3 11.3 E-M No DES MOINES, IA KDINDT4 11.4 E-M No DES MOINES, IA KEYCDT 12.1 Ν Yes 0 MANKATO, MN KEYCDT2 12.2 N-M Yes 0 MANKATO, MN KCCIDT 8.1 Ν No DES MOINES, IA 8.2 KCCIDT2 N-M No DES MOINES, IA KCCIDT3 8.3 N-M No DES MOINES, IA KCWIDT 23.1 Ν No DES MOINES, IA KCWIDT2 23.2 N-M No DES MOINES, IA DES MOINES, IA KCWIDT3 23.3 N-M No KCWIDT4 23.4 N-M No DES MOINES, IA WOIDT 5.1 Ν No DES MOINES, IA WOIDT2 5.2 N-M No DES MOINES, IA WOIDT3 5.3 N-M No DES MOINES, IA DES MOINES, IA WOIDT4 5.4 N-M No KDSMDT **DES MOINES, IA** 17.1 Ν No

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

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

KDSMDT2

KDSMDT3

KDSMDT4

WHODT

WHODT2

WHODT3

WHODT4

KDMIDT

KDMIDT3

KFPXDT

KFPXDT3

17.2

17.3

17.4

13.1

13.2

13.3

13.4

19.1

56.3

39.1

39.3

N-M

N-M

N-M

Ν

N-M

N-M

N-M

I-M

I-M

No

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION **KLGA FM** ALGONA, IA KICD SPENCER, IA FΜ **KILR** ESTHERVILLE, IA FΜ

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2020/2
LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#	Nama
NORTHERN IOWA CO	MMUNICA	ATIONS PAR	RTNERS				63492	Name
SUBSTITUTE CARRIAGE								I
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
explanation of the programm	ing that mus	st be included in	n this log, see page (v) of th	e general instr	uctions loc	ated in the p	aper SA3 form.	Substitute
1. SPECIAL STATEMENT	_							Carriage: Special
During the accounting per broadcast by a distant stat	tion?					Yes	ΧNο	Statement and Program Log
Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	'Yes," you mι	ıst comple	te the progr	am	1
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every nor distant stati gulations, o tion. Do nor Lucy" or "NB n was broad sign of the s adcast statio atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach additional network televion and that your authorization to use general of the separation of the se	al pages. ision program (substitute pour cable system substitute so some seepage (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is licenstation is identrogram. Use cable system. 15 p.m. to 6:2 mming that ye; enter the let	during the ramming cons located List special nsed by the httified). numerals, List the time 8:30 p.m. our system ter "P" if the	e accounting of another st in the pape fic program e FCC or, ir , with the mo mes accurat should be n was require listed pro	ation or onth ely	
,					EN SUBST		7. REASON	
	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	<u> </u>	5. MONTH	IAGE OC	CURRED TIMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— <u>то</u>		
								I
								I
								I
						_		
								1
						<u> </u>		
						<u> </u>		1
						_		1
								1
								1
						_		I
						_		
						_		
	4							İ

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS **PART-TIME CARRIAGE LOG** 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 parttime 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 Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

	SASE. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
	RTHERN IOWA COMMUNICATIONS PARTNERS		63492	Name
Inst all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's secidentified in space E) during the accounting period. For a further explanation of how to e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary transmission s	ervice	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amount of gross	682,114.98 receipts)	
ConConIf you feeIf you	WRIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. In system did not carry any distant television stations, leave block 3 blank. Enter the affrom block 1 on line 1 of block 4, and calculate the total royalty fee. In system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.			Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should lack 3 below.	pe entered on line 1 of	F	
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.			
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shi block 4 below.	ould be entered on line	e	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	ee is 1.064 percent of	the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	682,114.98	
	This is your minimum fee.	\$	7,257.70	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colu "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per x Yes—Complete the DSE schedule. No—Leave block 3 below blank and	mn 4, you must check		
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	2,954.10	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	2,954.10	
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	\$	7,257.70	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	er	0.00	additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	7,982.70	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID # 76079525206			222.201141 10001
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form and the Excel instructions		on.)	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	NORTHERN IOWA COMMUNICATIONS PARTNERS 63492
	CHANNELS
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.
Channels	
	1. Enter the total number of channels on which the cable
	system carried television broadcast stations
	2. Enter the total number of activated channels
	on which the cable eyetem carried television broadcast stations
	and nonbroadcast services
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual
N	we can contact about this statement of account.)
Individual to	
Be Contacted	
for Further	Name JOHN W. NOAH Telephone 712-853-6121
Information	
	Address 107 S STATE STREET, P.O. BOX 100
	(Number, street, rural route, apartment, or suite number)
	TERRIL, IA 51364
	(City, town, state, zip)
	Email jnoah@terril.com Fax (optional) 712-853-6185
	OFFICIATION /This statement of second models and simple in second models of the control of the c
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.
0	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or
	(Cities Cities and Corporation of Paradocomp), same as control of the cases system as assumed in the corporation of paradocomp.
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.
	[18 U.S.C., Section 1001(1986)]
	X /s/ John W. Noah
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.
	Typed or printed name: JOHN W. NOAH
	Typed of printed fiame. With the HOATT
	Title: CCO
	(Title of official position held in corporation or partnership)
	Date: February 22, 2021

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
NORTHERN IOWA COMMUNICATIONS PARTNERS	63492	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for t service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sec	he basic include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary tra		Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO	Homissions	
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un- For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	days	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assist contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright C please list below the owner, address, first community served, accounting period, and ID number as given in filing.		
Owner Address		
First community served Accounting period ID number		

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carriec by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that lead stations are not counted at all in computing DSEs	

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located ir
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule: or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

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

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

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

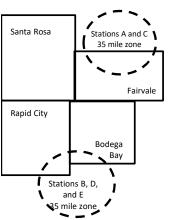
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carried		Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
,	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

linimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	00.004.00

		φο,σοσο			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	YSTEM ID#
ı	NORTHERN IOWA COM	MUNICATIO	NS PARTNERS			63492
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		2.50	ļ
	Instructions:					1
2	In the column headed "Call S	Sign": list the ca	ll signs of all distant stations	identified by t	the letter "O" in column 5	
0	of space G (page 3).	i for oach indon	andant station, give the DSI	= 00 "1 O": for	and nativarie ar nancom	
Computation of DSEs for	In the column headed "DSE" mercial educational station, given			= as 1.0 , 101	each network of noncom-	
Category "O"	meretar educational etation, gr		CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KTIVDT	0.250				
	KTIVDT2	0.250				
	KTIVDT3	0.250				
	KTIVDT4	0.250				
Add rows as	KEYCDT	0.250				
necessary.	KEYCDT2	0.250				
Remember to copy	WHODT	0.250				
all formula into new	WHODT2	0.250				
rows.	WHODT3	0.250				
	WHODT4	0.250				
	WIIOD14	0.200				

Name		OWA COMMUNICA	TIONS PART	NERS			S	63492
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: F figure should co Column 3: F Column 4: I be carried out at Column 5: F give the type-va Column 6: N	the call sign of all dista For each station, give to trespond with the infor For each station, give to Divide the figure in colutal to least to the third decire For each independent of lue as ".25."	he number of homation given in he total number umn 2 by the figural point. This is station, give the figurun 4 by the figurun 4 by the figurun 4 by the figurun 5 had been a station.	surs your cable system space J. Calculate or of hours that the stature in column 3, and of the "basis of carriag "type-value" as "1.0." gure in column 5, and	m carried the stately one DSE for a common broadcast or give the result in e value" for the second reach network of the result if give the result it	ation during the accounting each station. ver the air during the acco decimals in column 4. Th	unting period. is figure must cational station,	
Capacity		C	ATEGORY L	AC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R 3 JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TYPE	6. DS	iΕ
			÷			x x	=	
			÷			x	=	
			÷ -			x x	=	
			÷ ÷		=	x	=	
			÷			x x	=	
	Add the DSEs of	OF CATEGORY LAC S each station. here and in line 2 of p		edule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried b tions in effect Broadcast one space I). Column 2: Fo at your option. Th Column 3: En Column 4: Div	y your system in subst on October 19, 1976 (e or more live, nonnetw or each station give the his figure should correst the number of days wide the figure in colum	itution for a prog as shown by the ork programs dur number of live, spond with the ir s in the calendar on 2 by the figure	gram that your system letter "P" in column ring that optional carri nonnetwork program nformation in space I. year: 365, except in e in column 3, and qiv	n was permitted of space I); an age (as shown by s carried in substance) a leap year.	Programs) if that station: to delete under FCC rules d v the word "Yes" in column a stitution for programs that olumn 4. Round to no less the general instructions in	2 of were deleted	·m).
		SU	BSTITUTE-E	ASIS STATION	S: COMPUTA	ATION OF DSEs	T	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBEI OF DAYS IN YEAR	8	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		- -		=		÷		=
				=				
		- -		=				=
				=				=
	Add the DSEs of	OF SUBSTITUTE-BAS each station. here and in line 3 of p		edule,		0.00		
5		OF DSEs: Give the am applicable to your syster		oxes in parts 2, 3, and	4 of this schedul	le and add them to provide	the tota	
Total Number	1. Number of D	SEs from part 2●				.	2.50	
of DSEs		SEs from part 3 ●				<u> </u>	0.00	
	3. Number of D	SEs from part 4 ●				-	0.00	
	TOTAL NUMBER	OF DSEs						2.50

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

NORTHERN IC			S PARTNER	RS			S	YSTEM ID# 63492	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p	•	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	f the	6
ii your ariswer ii	140, complete bit			ELEVISION M	ARKETS				Computation of
I <u>=</u>	1981?	schedule—[C below.	OO NOT COM	PLETE THE REM	AINDER OF F	PART 6 AND 7		gulations in	3.75 Fee
				IAGE OF PERI					-
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 or ne 25, 1981. For for ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carrive 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions for E Carried pursuants *F A station pre	ules and regued pursuant to as defined all educations of station (76.) or DSE schedant to individuationally carries UHF station w	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b re)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			,		
Line 2: Enter the	sum of permitte	d DSEs from	m block B ab	ove			,		
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.	,		
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter รเ	ım here				. X		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2. block 3. spac	e L (page 7)			0.00	

Name	NORTHERN IO			ARTNERS					S	4STEM ID# 63492
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections									e enterer
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ED (ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRI		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED
	SIGN	DSE	PI	ERIOD		CARRIAGE		DSE		DSE
_										
7	Instructions: Block A In block A:	A must be con	npieted.							
Computation		"Yes," comple	ete blocks B and C,	, below.						
of the	If your answer is	"No," leave b	locks B and C blanl	k and complete	par	rt 8 of the DSE schedu	ule.			
Syndicated			BLOC	A: MAJOR	TE	LEVISION MARK	ET			
Exclusivity Surcharge	• Is any portion of the	cable system v	vithin a ton 100 maio	or television marl	kat	as defned by section 7	6.5 of ECC	rules in effect l	une 24	10812
Guicharge	Yes—Complete	•		or television man	NG1	No—Proceed to		rules in ellect o	une 24,	1901:
	Tes—Complete	, blocks b and				140—1100000 10	parto			
	BLOCK B: C	arriage of VH	F/Grade B Contour	Stations		BLOCK	C: Compu	itation of Exem	pt DSEs	;
	Is any station listed in commercial VHF stati or in part, over the ca	ion that place			r	Was any station listed nity served by the cab to former FCC rule 76	le system p			
	Yes—List each s X No—Enter zero a		th its appropriate peri part 8.	mitted DSE		Yes—List each sta			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	in I	DSE
	SALE GIGIN	DOL	SALE OIGH	DOL		SALE SIGN	DOL	OALL SIG		202
			-							
			-							
			-							
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	682,114.98	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	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	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? XYes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	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) ▶ \$		
	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		
	L SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS 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)	SE	
	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		

	LEGAL NAM	//E OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	1	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You mu 6 was 6 In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Let answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Let answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Let a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers are paged within that station's local service area and others were located outside that area. For the definition of a station's "local de area," see page (v) of the general instructions. BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	w
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section	BEOOK B. NOT ANTIMEET BIOTAIN OF MINOR OF BAGETAMETEE	
	1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	_
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here.	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	

EGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
NORT	THERN IOWA COMMUNICATIONS PARTNERS 63492	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	_
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation
	C. Multiply line B by 3.000 and enter here \$	Base Rate Fe
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here \$	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00	
nstead Space I n Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	9 Computatio
	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 Fe
station DSEs a	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 and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge 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, an
Step 1:	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	for Partially Permitted Stations
Step 2: 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.)	
subscri	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.	
groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber section:	
• Identi	fy the communities/areas represented by each subscriber group. The call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	

- subscribers in the group.
- 1) your 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 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

Form SA3E Long Form (Rev. 05-17)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE			RTNERS			S	63492	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	TITONK	(A-BURT		COMMUNITY/ AREA	A EVERL	Υ		9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KEYCDT	0.25							Base Rate F
								and
		-						Syndicate
		=						Exclusivit
								Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs	•	•	0.25	Total DSEs	•		0.00	
Gross Receipts First G	roup	¢ 1	8,551.40	Gross Receipts Seco	and Croup	\$	52,014.90	
Bioss Receipts Filst G	поир	\$ 48	0,331.40	Gloss Receipts Sect	oria Group	3	32,014.30	
Base Rate Fee First G	roup	\$	129.15	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	RUTHV	EN		COMMUNITY/ AREA	ROYAL			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 89	9,520.00	Gross Receipts Four	th Group	\$	36,729.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Roca Bata Face Add 4	00 hace ==	a face for each out	oribor grous	as shown in the have-	above			
Sase Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$	2,954.10	

LEGAL NAME OF OWNI NORTHERN IOWA			RTNERS			\$	63492	Name
				TE EEE EO E E				
В		SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GRO	IUP	
COMMUNITY/ AREA				COMMUNITY/ ARE				9 Compute
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
KEYCDT	0.25	O/ LEE OIGIT	502	ON ILL STOTA	502	CALL SIGH	562	Base Rate
								and
								Syndica
								Exclusiv
								Surchar
								for
								Partial
								Distan
								Station
otal DSEs			0.25	Total DSEs			0.00	
Gross Receipts First G	Group	s 55	5,813.80	Gross Receipts Sec	ond Group	\$	24,480.00	
nood redelpto i not e	лоцр		3,010.00	Oroso recorpto occ	ona Oroup		24,400.00	
		I						
						•	0.00	
Base Rate Fee First G	Group	\$	148.46	Base Rate Fee Sec	ond Group	\$	0.00	
	•	,		Base Rate Fee Sec	·			
	SEVENTH :	SUBSCRIBER GRO			EIGHTH	SUBSCRIBER GRC		
	SEVENTH :	SUBSCRIBER GRO		Base Rate Fee Sec	EIGHTH	SUBSCRIBER GRC		
COMMUNITY/ AREA	SEVENTH S	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE	EIGHTH A PALMER	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH : RINGST	SUBSCRIBER GRO		COMMUNITY/ ARE	EIGHTH A PALMER	SUBSCRIBER GRC		
COMMUNITY/ AREA	SEVENTH S	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT	EIGHTH A PALMER DSE 0.25	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2	PALMER DSE 0.25 0.25	SUBSCRIBER GRC	DUP	
CALL SIGN	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EIGHTH A PALMER DSE 0.25 0.25	SUBSCRIBER GRC	DUP	
CALL SIGN	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2	PALMER DSE 0.25 0.25	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EIGHTH A PALMER DSE 0.25 0.25	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EIGHTH A PALMER DSE 0.25 0.25	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EIGHTH A PALMER DSE 0.25 0.25	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
CALL SIGN	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
CALL SIGN KEYCDT	SEVENTH : RINGST	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
CALL SIGN KEYCDT Total DSEs	SEVENTH: RINGST DSE 0.25	CALL SIGN	DUP DSE 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT3 KTIVDT4 Total DSEs	DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP DSE 1.00	
CALL SIGN KEYCDT Total DSEs	SEVENTH: RINGST DSE 0.25	CALL SIGN	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
COMMUNITY/ AREA	SEVENTH: RINGST DSE 0.25	CALL SIGN	DUP DSE 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT3 KTIVDT4 Total DSEs	DSE 0.25 0.25 0.25	CALL SIGN	DUP DSE 1.00	
CALL SIGN KEYCDT Total DSEs	SEVENTH: RINGST DSE 0.25	CALL SIGN	DUP DSE 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT3 KTIVDT4 Total DSEs	DSE 0.25 0.25 0.25 0.25 0.rth Group	CALL SIGN	DUP DSE 1.00	
CALL SIGN KEYCDT Total DSEs Gross Receipts Third (SEVENTH: RINGST DSE 0.25	SUBSCRIBER GRO CALL SIGN S 33	DUP DSE 0.25 3,085.50	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT3 KTIVDT4 Total DSEs Gross Receipts Fou	DSE 0.25 0.25 0.25 0.25 0.rth Group	SUBSCRIBER GRO	1.00 23,490.00	

N 1	63492					INICATIONS PAR	COMMU	NORTHERN IOWA
		BER GROUP	H SUBSCRIE	TE FEES FOR EAC	BASE RA	COMPUTATION OF	LOCK A: C	В
	UP	SUBSCRIBER GROU	TENTH S		UP	SUBSCRIBER GROU	NINTH	
Comp			PLOVER	COMMUNITY/ ARE		ONTAS	POCAH	COMMUNITY/ AREA
,	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base I			0.25	KTIVDT			0.25	KTIVDT
а			0.25	KTIVDT2	u		0.25	KTIVDT2
Sync			0.25	KTIVDT3			0.25	KTIVDT3
Excl			0.25	KTIVDT4			0.25	KTIVDT4
Surc								
. 1								
Par Dis								
Sta								
Sia							<u>.</u>	
•								
•								
1							···	
1						•		
	1.00		-	Total DSEs	1.00	•		otal DSEs
	4 64 5 90			One of Brackets Or		. 25		Survey Descripts First O
	4,615.80	\$	nd Group	Gross Receipts Sec	,716.60	\$ 25,	roup	Gross Receipts First G
	7							
	49.11	\$	nd Group	Base Rate Fee Sec	273.62	\$	roup	Base Rate Fee First G
-		\$ SUBSCRIBER GROU	•	Base Rate Fee Sec		\$ SUBSCRIBER GROU	•	
			TWELVTH	Base Rate Fee Sec		SUBSCRIBER GROU	LEVENTH	E
			TWELVTH			SUBSCRIBER GROU	LEVENTH	E COMMUNITY/ AREA
	UP	SUBSCRIBER GROU	TWELVTH S	COMMUNITY/ ARE	UP	SUBSCRIBER GROU	LEVENTH :	E COMMUNITY/ AREA CALL SIGN
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE	COMMUNITY/ ARE	UP	SUBSCRIBER GROU	CURLE DSE	E COMMUNITY/ AREA CALL SIGN CTIVDT
	UP	SUBSCRIBER GROU	ROLFE DSE 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT	UP	SUBSCRIBER GROU	CURLE DSE 0.25	ECOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2
	UP	SUBSCRIBER GROU	TWELVTH 8 ROLFE DSE 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2	UP	SUBSCRIBER GROU	DSE 0.25 0.25	EOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	UP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	EOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	UP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	ECOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	UP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	ECOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	UP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	ECOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	UP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	ECOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	UP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	ECOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	UP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	COMMUNITY/ AREA
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	UP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	UP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	ECOMMUNITY/ AREA CALL SIGN CTIVDT CTIVDT2 CTIVDT3
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	UP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	ECOMMUNITY/ AREA CALL SIGN (TIVDT (TIVDT2 (TIVDT3
	UP	SUBSCRIBER GROU	TWELVTH S ROLFE DSE 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	UP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3
	DSE 1.00	CALL SIGN	TWELVTH S ROLFE DSE 0.25 0.25 0.25 0.25	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT3 KTIVDT4 Total DSEs	DSE DSE	SUBSCRIBER GROUW CALL SIGN	DSE 0.25 0.25 0.25	CALL SIGN CTIVDT CTIVDT3 CTIVDT4 Total DSEs
	UP DSE	CALL SIGN	TWELVTH S ROLFE DSE 0.25 0.25 0.25 0.25	CALL SIGN KTIVDT KTIVDT2 KTIVDT4	DSE	SUBSCRIBER GROUW CALL SIGN	DSE 0.25 0.25 0.25	CALL SIGN CTIVDT CTIVDT3 CTIVDT4

LEGAL NAME OF OWNE NORTHERN IOWA			ARTNERS			\$	63492	Na
BI	LOCK A: C	COMPUTATION C	F BASE RA	ATE FEES FOR EA	CH SUBSCRI	BER GROUP		
THI	RTEENTH	SUBSCRIBER GRO	DUP	F	OURTEENTH	SUBSCRIBER GRO)UP	
COMMUNITY/ AREA	MALLA	RD		COMMUNITY/ ARI	EA WEST BI	END		Comp
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTIVDT	0.25			KTIVDT	0.25			Base I
KTIVDT2	0.25			KTIVDT2	0.25			а
KTIVDT3	0.25			KTIVDT3	0.25			Synd
KTIVDT4	0.25			KTIVDT4	0.25			Excl
						-		Sur
								1
								Par
								Dis
						-		Sta
						-		
otal DSEs			1.00	Total DSEs			1.00	
Fross Receipts First G	roup	<u>\$ 1</u>	1,869.20	Gross Receipts Se	cond Group	\$	52,752.00	
Base Rate Fee First G	•	\$ SUBSCRIBER GRO	126.29	Base Rate Fee Se	•	\$ SUBSCRIBER GRO	561.28	
COMMUNITY/ AREA	HAVEL	оск		COMMUNITY/ ARI	EA WHITTEI	MORE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTIVDT	0.25			KTIVDT	0.25			
KTIVDT2	0.25			KTIVDT2	0.25			
KTIVDT3	0.25			KTIVDT3	0.25			
TIVDT4	0.25			KTIVDT4	0.25			
	<u></u>							
	<u></u>							
			4.00				4.00	
otal DSEs			1.00	Total DSEs			1.00	
Gross Receipts Third C	Group	\$	9,561.30	Gross Receipts Fo	urth Group	\$	22,089.90	
							_	
Base Rate Fee Third G	Group	\$	101.73	Base Rate Fee Fo	urth Group	\$	235.04	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the box	es above.	\$		

NORTHERN IOWA	COMMU	NICATIONS PAR	RTNERS				63492
				ATE FEES FOR EAC	H SUBSCRI	BER GROUP	
		SUBSCRIBER GROU		E	IGHTEENTH	SUBSCRIBER GRO	UP
COMMUNITY/ AREA	AYRSHI	RE - GILLETTE (GROVE	COMMUNITY/ AREA	A SWEAC	ITY	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WHODT	0.25			KEYCDT	0.25		
WHODT2	0.25						
WHODT3	0.25						
WHODT4	0.25						
otal DSEs			1.00	Total DSEs			0.25
Gross Receipts First Gro	un	e 11	,539.50	Gross Receipts Seco	and Croup	•	8,343.30
iloss Receipis Filst Gio	uр	\$ 11,	,339.30	Gross Receipts Sect	ond Group	\$	0,343.30
Base Rate Fee First Gro	up	\$	122.78	Base Rate Fee Seco	ond Group	\$	22.19
					•		
NINT	EENTH S	SUBSCRIBER GROU			TWENTIETH	SUBSCRIBER GRO	UP
NINT	EENTH S	SUBSCRIBER GROU			TWENTIETH	SUBSCRIBER GRO	UP
NINT	EENTH S	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA	ALGON DSE	SUBSCRIBER GROU			TWENTIETH	SUBSCRIBER GRO	UP
NINT COMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT OMMUNITY/ AREA CALL SIGN (EYCDT	ALGON DSE	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT OMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN KEYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN (EYCDT	DSE 0.25	SUBSCRIBER GROU	UP	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN KEYCDT KEYCDT2	DSE 0.25	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA	TWENTIETH A GRAETT	SUBSCRIBER GRO	UP NGFORD
NINT COMMUNITY/ AREA CALL SIGN (EYCDT (EYCDT2)	DSE 0.25 0.25	CALL SIGN	DSE DSE	CALL SIGN CALL SIGN Total DSEs	TWENTIETH A GRAETT DSE	SUBSCRIBER GRO INGER - WALLII CALL SIGN	UP NGFORD DSE 0.00
NINT COMMUNITY/ AREA CALL SIGN KEYCDT KEYCDT2 Total DSEs	DSE 0.25 0.25	CALL SIGN	DSE	CALL SIGN	TWENTIETH A GRAETT DSE	SUBSCRIBER GRO INGER - WALLII CALL SIGN	UP NGFORD DSE
COMMUNITY/ AREA	DSE 0.25 0.25	CALL SIGN	DSE DSE	CALL SIGN CALL SIGN Total DSEs	TWENTIETH A GRAETT DSE	SUBSCRIBER GRO INGER - WALLII CALL SIGN	UP NGFORD DSE 0.00
NINT COMMUNITY/ AREA CALL SIGN KEYCDT KEYCDT2 Total DSEs	DSE 0.25 0.25	SUBSCRIBER GROUND CALL SIGN	DSE DSE	CALL SIGN CALL SIGN Total DSEs	TWENTIETH A GRAETT DSE	SUBSCRIBER GRO INGER - WALLII CALL SIGN	UP NGFORD DSE 0.00

		INICATIONS PAR	TNERS				63492	Name
BLC	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU	P			SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA 1	ritonk	A-BURT		COMMUNITY/ AREA	EVERL	Y		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivity
								Surcharge
								for Partially
								Distant
					<u></u>			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$ 48,	551.40	Gross Receipts Seco	nd Group	\$	52,014.90	
Base Rate Fee First Grou	ap	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	TUIDD	SUBSCRIBER GROU	ID.		FOLIDTL	I SUBSCRIBER GRO	ID	
COMMUNITY/ AREA F			<u> </u>	COMMUNITY/ AREA		SUBSCRIBER GRO	UP	
COMMUNITY AREA F	COINT	EIN		COMMUNITY AREA	KUTAL			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third Gro	oup	\$ 89,	520.00	Gross Receipts Fourt	h Group	\$	36,729.00	
3ase Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				as shown in the boxes				

Name	63492						COMMINIC	NORTHERN IOWA
				TE FEES FOR EACH				Bl
9	JP	SUBSCRIBER GROU			JP	SUBSCRIBER GROU		
Computati			TERRIL	COMMUNITY/ AREA		RONG	ARMST	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi								
Surcharg								
for								
Partially Distant		-						
Stations								
Otations		-					-	
		-						
		 						
	0.00		•	Total DSEs	0.00			otal DSEs
	24,480.00	\$ 2	d Group	Gross Receipts Second	813.80	\$ 55,	roup	Fross Receipts First G
	0.00	\$ 2 \$		Gross Receipts Secon	0.00	\$ 55, \$		
	0.00		d Group		0.00		roup	a se Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH		0.00	\$ SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUR	d Group EIGHTH PALMEF	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup SEVENTH :	CALL SIGN
	JP DSE	SUBSCRIBER GROUR CALL SIGN	EIGHTH PALMEF DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROUTED CALL SIGN	DSE	Base Rate Fee First G

Mana	YSTEM ID# 63492				THE INC	JNICATIONS PAR	COMMU	NORTHERN IOWA
				TE FEES FOR EACH				Bl
9	UP	SUBSCRIBER GROU	TENTH		JP	SUBSCRIBER GROU		
Computation		₹	PLOVER	COMMUNITY/ AREA		IONTAS	POCAH	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit							<u> </u>	
Surcharg								
for								
Partially Distant								
Stations								
Stations								
"								
"		<u> </u>						
"								
"								
	0.00	•	•	Total DSEs	0.00		•	otal DSEs
	0.00							
	4,615.80	\$	d Group	Gross Receipts Secon	716.60	\$ 25,	roup	Bross Receipts First G
	_	\$			0.00	\$ 25,		
	4,615.80 0.00		d Group	Gross Receipts Secon	0.00		roup	Base Rate Fee First G
-	4,615.80 0.00	\$	d Group	Gross Receipts Secon	0.00	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon	0.00	\$ SUBSCRIBER GROUW	roup LEVENTH	Base Rate Fee First G El COMMUNITY/ AREA
	4,615.80 0.00	\$	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup EVENTH CURLE	Base Rate Fee First G
-	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G El COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G El COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G El COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G El COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G El COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G El COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G EI COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G EI COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G EI COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G EI COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G EI COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G El COMMUNITY/ AREA
	4,615.80 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH ROLFE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUW	oup EVENTH CURLE	Base Rate Fee First G El COMMUNITY/ AREA
	4,615.80 0.00 UP DSE	SUBSCRIBER GROU	d Group TWELVTH ROLFE DSE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROUW CALL SIGN	EVENTH CURLE DSE	EICOMMUNITY/ AREA

NI	YSTEM ID# 63492						COMMU	NORTHERN IOWA
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU			JP	SUBSCRIBER GROU		
Computation		BEND	WEST B	COMMUNITY/ AREA		RD	MALLA	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit							_	
Surcharge								
for								
Partially Distant								
Stations								
Stations							···	
		-						
		-						
"								
""								
	0.00			Total DSEs	0.00	<u>, </u>	•	otal DSEs
	0.00			Total Bollo				
	52,752.00	\$ 5	d Group	Gross Receipts Secon	869.20	\$ 11,	roup	Bross Receipts First G
	_	\$ 5	d Group			\$ 11,	roup	Gross Receipts First G
	_	\$ 5				\$ 11, \$		
=	0.00		d Group	Gross Receipts Secon	0.00		roup	Base Rate Fee First G
=	0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon	0.00	\$ SUBSCRIBER GROU	roup FTEENTH	Base Rate Fee First G
=	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
-	0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	roup FTEENTH	Base Rate Fee First G
=	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group XTEENTH WHITTE	Gross Receipts Secon Base Rate Fee Secon S COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUNDER	roup TEENTH HAVEL	FII COMMUNITY/ AREA CALL SIGN
	0.00 JP DSE 0.00	SUBSCRIBER GROUEMORE CALL SIGN	d Group XTEENTH WHITTE DSE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE	SUBSCRIBER GROUNDER CALL SIGN	TEENTH HAVEL	Gase Rate Fee First Grant Gran
	DSE	SUBSCRIBER GROUEMORE CALL SIGN	d Group XTEENTH WHITTE DSE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	0.00 DSE	SUBSCRIBER GROUNDER CALL SIGN	TEENTH HAVEL	Base Rate Fee First G FII COMMUNITY/ AREA

Mana	7STEM ID# 63492	SY			RTNERS	JNICATIONS PAR	COMMU	NORTHERN IOWA
				TE FEES FOR EACH				
9	IP	SUBSCRIBER GROU				SUBSCRIBER GROU		
Computation		CITY	SWEA C	COMMUNITY/ AREA	GROVE	IRE - GILLETTE (AYRSH	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit								
Surcharge								
for								
Partially								
Distant								
Stations								
							-	
4								
	0.00			Total DSEs	0.00			otal DSEs
	0.00				539.50	\$ 11,	roup	Gross Receipts First Gr
		e	d Group	Gross Receints Secon				
	8,343.30	\$	d Group	Gross Receipts Secon		<u> </u>	oup	,
		\$		Gross Receipts Secon Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Second	0.00		-oup	Base Rate Fee First Gr
=	8,343.30 0.00	\$	d Group VENTIETH	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	oup	3ase Rate Fee First Gr NIN
=	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
-	8,343.30 0.00	\$ SUBSCRIBER GROUP	d Group VENTIETH	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	oup	3ase Rate Fee First Gr NIN
-	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
= - - - - - -	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00 0.00 P GFORD	\$ SUBSCRIBER GROUD TINGER - WALLING	d Group VENTIETH GRAET	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup ITEENTH ALGON	CALL SIGN
	8,343.30 0.00 IP GFORD DSE	SUBSCRIBER GROUD TINGER - WALLING CALL SIGN	d Group VENTIETH GRAETI DSE	Base Rate Fee Second TV COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROUNDER GROUNDE GRO	DSE	Base Rate Fee First Gr NIN COMMUNITY/ AREA

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** 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 and **Syndicated** 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** 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 and **Syndicated** 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** 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 and **Syndicated** 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** 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 and **Syndicated** 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** 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 and **Syndicated** 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group NINEENTH SUBSCRIBER GROUP TWENTYTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown