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				
08/30/21	\$ 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	2021/1			
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the covering the entire accounting the covering the system's first filing. If not, enter the system's ID in	es of the cable system on the last day of the unting period.	m. e accounting period should sub	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Armstrong Utilities, Inc.			
				34166202111
				34166 2021/1
	One Armstrong Place Butler, PA 16001			
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic			
	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	n in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM: Zelienople Head End			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 531 Perry Way PO Box 40 (Number, street, rural route, apartment, or suite number)			
	Zelienople, PA 16063			
D		1 11 6 1		
Area	<b>Instructions:</b> For complete space D instructions, see page 1b. Identify with all communities.	only the frst comm	nunity served below and reli	st on page 1b
Served	CITY OR TOWN	STATE		
First	ZELIENOPLE BORO - BUTLER COUNTY	PA		
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in Sp	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
	Alliance	MD	В	2
	Gering	MD	В	3

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# PΑ **ZELIENOPLE BORO - BUTLER COUNTY** 12 ΑL First ADAMS TWP - BUTLER COUNTY PA 12 ΑL Community **ALLEGHENY TWP - BUTLER COUNTY** PΑ 19 AQ **ALLEGHENY TWP - FOREST COUNTY** PA 15 AO **ALLENPORT BORO - WASHINGTON COUNTY** PA ΑI 9 AO **ALTHOM - WARREN COUNTY** PA 16 See instructions for **AMITY TOWNSHIP - ERIE COUNTY** PA 27 AT additional information on alphabetization. ANDOVER TWP - ASHTABULA COUNTY OH ΑF 6 ANDOVER VILLAGE - ASHTABULA COUNTY OH 6 AF **ATHALIA BORO - LAWRENCE COUNTY** OH 13 AM ATHENS TOWNSHIP - CRAWFORD COUNTY PΑ 23 AS Add rows as necessary. **AUSTINTOWN TWP - MAHONING COUNTY** OH AP 18 **BAUGHMAN TWP - WAYNE COUNTY** OH 11 ΑK **BEAVER TWP - MAHONING COUNTY** OH AP 17 OH AP **BERLIN TWP - MAHONING COUNTY** 18 **BIG BEAVER BORO - BEAVER COUNTY** PΑ 12 ΑL **BLOOMING GROVE TWP - RICHLAND COUNTY** OH 12 AN **BLOOMING VALLEY BORO - CRAWFORD COUNTY** РΔ 14 ΔS AP **BOARDMAN TWP - MAHONING COUNTY** OH 23 **BOONE COUNTY - LINCOLN COUNTY** WV 17 AH **BORO OF BARKEYVILLE - VENANGO COUNTY** PA AQ 8 **BORO OF CALIFORNIA - WASHINGTON COUNTY** PA 20 ΑI **BORO OF CAMBRIDGE SPRINGS - CRAWFORD COUNTY** PΔ 9 AT BORO OF ELLWOOD CITY - LAWRENCE COUNTY PA 27 AL **BOROUGH OF EDINBORO - ERIE COUNTY** PA 12 AT **BOROUGH OF TOWNVILLE - CRAWFORD COUNTY** PA 27 ΑT **BOROUGH OF VENANGO - CRAWFORD COUNTY** PA 27 ΑT **BOROUGH OF WOODCOCK - CRAWFORD COUNTY** РΔ 27 ΔΤ **BOYD COUNTY - BOYD COUNTY** KY 13 AM **BRADFORDWOODS BORO - ALLEGHENY COUNTY** PA 12 AL PA **BRADY TWP - BUTLER COUNTY** 12 AL **BRADY TWP - BUTLER COUNTY** PΑ 19 AQ **BRADYS BEND TWP - ARMSTRONG COUNTY** PA 12 AL **BRANCH - LINCOLN COUNTY** WV 8 AΗ **BRIGHTON TWP - LORAIN COUNTY** ОН 14 ΑN **BROKENSTRAW TWP - WARREN COUNTY** PA 16 AO **BROWNHELM TWP - LORAIN COUNTY** OH 14 AN **BRUIN BORO - BUTLER COUNTY** PA 12 AL **BRUNSWICK HILLS TWP - MEDINA COUNTY** OH 10 AJ PA **BUFFALO TWP - BUTLER COUNTY** 12 AL **BULLSKIN TWP - FAYETTE COUNTY** PA 9 ΑI **BUTLER CITY - BUTLER COUNTY** PA 12 AL **BUTLER TWP - BUTLER COUNTY** PA 12 ΑL

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

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LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Armstrong Utilities, Inc.			34166					
Amstrong dunities, inc.			34100					
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When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
WOODCOCK TOWNSHIP - CRAWFORD COUNTY	PA	27	AT	First				
WOODCOCK TWP - CRAWFORD COUNTY	PA	23	AS	Community				
WORTH TWP - BUTLER COUNTY	PA	12	AL					
WORTH TWP - BUTLER COUNTY	PA	19	AQ					
WORTH TWP - MERCER COUNTY	PA	2	AB					
WORTHINGTON TWP - RICHLAND COUNTY	OH	14	AN	See instructions for				
YORK TWP - MEDINA COUNTY	ОН	10	AJ	additional information				
				on alphabetization.				
				Add rows as possessay				
				Add rows as necessary.				

# 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		
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
Service to first set	141,589	\$ 37.95			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
	•••••				

# F

## Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 20.95	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>	\$17.95/14.95	Commercial		
Fire protection		• Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set		Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	\$ 20.00	
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

Armstrong Util										
Armstrona Util		STEM:			SYSTEM II	Name				
					3410	00				
PRIMARY TRANSMITT										
•			, ,		and low power television stations)	G				
carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections										
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a										
substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program										
basis under specifc F	CC rules, regula	tions, or auth	orizations:			Television				
<ul> <li>Do not list the station station was carried</li> </ul>	-		t it in space I (th	e Special Statem	ent and Program Log)—if the					
List the station here, basis. For further in	and also in spa nformation conc	ce I, if the sta			tute basis and also on some other of the general instructions located					
in the paper SA3 for Column 1: List each		sign. Do not r	eport origination	n program service	es such as HBO, ESPN, etc. Identify					
			•	•	tion. For example, report multi-					
cast stream as "WET/ WETA-simulcast).	A-2". Simulcast	streams must	be reported in o	column 1 (list eac	h stream separately; for example					
· /	e channel numb	er the FCC h	as assigned to t	the television stat	ion for broadcasting over-the-air in					
its community of licent on which your cable s		•	annel 4 in Wash	nington, D.C. This	may be different from the channel					
	•		ation is a netwo	rk station, an inde	ependent station, or a noncommercial					
		•	,		ast), "I" (for independent), "I-M"					
(for independent multi For the meaning of the	,		,.	,	ommercial educational multicast). ne paper SA3 form.					
Column 4: If the st	tation is outside	the local serv	vice area, (i.e. "c	distant"), enter "Ye	es". If not, enter "No". For an ex-					
planation of local serv					e paper SA3 form. stating the basis on which your					
			-	-	tering "LAC" if your cable system					
carried the distant sta	•				•					
					payment because it is the subject stem or an association representing					
_				•	ry transmitter, enter the designa-					
· · · /			•	•	ther basis, enter "O." For a further					
				explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. <b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the						
	Canadian statio			iist tile communit	y to which the station is licensed by the					
				ne community with	which the station is identifed.					
Note: II you are utilizii		inel line-ups,	use a separate	ne community with space G for each	which the station is identifed.					
Note: II you are utilizii		inel line-ups,		ne community with space G for each	which the station is identifed.					
1. CALL		inel line-ups,	use a separate	ne community with space G for each	which the station is identifed.					
	2. B'CAST CHANNEL	CHANN  3. TYPE OF	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	CHANN  3. TYPE  OF  STATION	EL LINE-UP  4. DISTANT? (Yes or No)	e community with space G for each  AA  5. BASIS OF	n which the station is identifed. channel line-up.  6. LOCATION OF STATION					
1. CALL	2. B'CAST CHANNEL NUMBER	CHANN  3. TYPE OF	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	o which the station is identifed. channel line-up.  6. LOCATION OF STATION  Charleston, WV					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	CHANN  3. TYPE  OF  STATION	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	n which the station is identifed. channel line-up.  6. LOCATION OF STATION					
1. CALL SIGN WCHS	2. B'CAST CHANNEL NUMBER	CHANN  3. TYPE  OF  STATION  N	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	o which the station is identifed. channel line-up.  6. LOCATION OF STATION  Charleston, WV	additional information				
1. CALL SIGN WCHS WCHS-DT2	2. B'CAST CHANNEL NUMBER 8.2	CHANN  3. TYPE OF STATION N	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	6. LOCATION OF STATION  Charleston, WV  Charleston, WV					
1. CALL SIGN WCHS WCHS-DT2 WCHS-DT2-HD	2. B'CAST CHANNEL NUMBER  8  8.2  8.2	CHANN  3. TYPE OF STATION N I-M	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	6. LOCATION OF STATION  Charleston, WV  Charleston, WV  Charleston, WV	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT2-HD WCHS-DT3	2. B'CAST CHANNEL NUMBER  8. 8.2 8.2 8.3	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV  Charleston, WV  Charleston, WV  Charleston, WV	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT2-HD WCHS-DT3 WCHS-HD WKAS	2. B'CAST CHANNEL NUMBER  8. 8.2 8.2 8.3 8.1 26	CHANN 3. TYPE OF STATION N I-M I-M N	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV  Charleston, WV  Charleston, WV  Charleston, WV  Charleston, WV  Ashland, KY	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT2-HD WCHS-DT3 WCHS-HD WKAS WLPX	2. B'CAST CHANNEL NUMBER  8. 8.2 8.2 8.3 8.1 26 39	CHANN  3. TYPE OF STATION N I-M I-M N E	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT3 WCHS-HD WKAS WLPX WLPX-DT2	2. B'CAST CHANNEL NUMBER  8. 8.2 8.2 8.3 8.1 26 39 39.2	CHANN 3. TYPE OF STATION N I-M I-M N E	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT2-HD WCHS-DT3 WCHS-HD WKAS WLPX WLPX-DT2 WLPX-HD	2. B'CAST CHANNEL NUMBER  8. 8.2 8.2 8.3 8.1 26 39 39.2 39.1	CHANN  3. TYPE OF STATION  N I-M I-M I-M I I I I	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV Ashland, KY Charleston, WV Charleston, WV Charleston, WV	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT3 WCHS-HD WKAS WLPX WLPX-DT2 WLPX-HD WOWK-HD	2. B'CAST CHANNEL NUMBER  8  8.2  8.2  8.3  8.1  26  39  39.2  39.1  13.1	CHANN  3. TYPE OF STATION  N  I-M  I-M  I  N  E  I  I  N	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV Ashland, KY Charleston, WV Charleston, WV Charleston, WV Huntington, WV	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT3 WCHS-HD WKAS WLPX WLPX-DT2 WLPX-HD	2. B'CAST CHANNEL NUMBER  8. 8.2 8.2 8.3 8.1 26 39 39.2 39.1	CHANN  3. TYPE OF STATION  N I-M I-M I-M I I I I	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV Ashland, KY Charleston, WV Charleston, WV Huntington, WV	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT3 WCHS-HD WKAS WLPX WLPX-DT2 WLPX-HD WOWK-HD	2. B'CAST CHANNEL NUMBER  8  8.2  8.2  8.3  8.1  26  39  39.2  39.1  13.1	CHANN  3. TYPE OF STATION  N  I-M  I-M  I  N  E  I  I  N	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV Ashland, KY Charleston, WV Charleston, WV Charleston, WV Huntington, WV	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT2-HD WCHS-DT3 WCHS-HD WKAS WLPX WLPX-DT2 WLPX-HD WOWK-HD WOWK-DT2	2. B'CAST CHANNEL NUMBER 8. 8.2 8.2 8.3 8.1 26 39 39.2 39.1 13.1	CHANN 3. TYPE OF STATION N I-M I-M I I I I I I I N I-M	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV Ashland, KY Charleston, WV Charleston, WV Huntington, WV	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT2-HD WCHS-DT3 WCHS-HD WKAS WLPX WLPX-DT2 WLPX-HD WOWK-HD WOWK-DT2 WOWK-DT3	2. B'CAST CHANNEL NUMBER 8. 8.2 8.2 8.3 8.1 26 39 39.2 39.1 13.1 13.2	CHANN  3. TYPE OF STATION N I-M I-M I I I I I I I I I I I I I I I I	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV Ashland, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT2-HD WCHS-DT3 WCHS-HD WKAS WLPX WLPX-DT2 WLPX-HD WOWK-DT2 WOWK-DT3 WOWK-DT3	2. B'CAST CHANNEL NUMBER 8. 8.2 8.2 8.3 8.1 26 39 39.2 39.1 13.1 13.2 13.3	CHANN  3. TYPE OF STATION  N I-M I-M I I I I I I I I I I I I I I I I	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV Ashland, KY Charleston, WV Charleston, WV Huntington, WV	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT2-HD WCHS-DT3 WCHS-HD WKAS WLPX WLPX-HD WOWK-HD WOWK-DT2 WOWK-DT3 WOWK-DT4 WOWK-HD WQCW	2. B'CAST CHANNEL NUMBER 8. 8.2 8.2 8.3 8.1 26 39 39.2 39.1 13.1 13.2 13.3 13.4	CHANN  3. TYPE OF STATION  N I-M I-M I I I I N I-M	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV Ashland, KY Charleston, WV Charleston, WV Huntington, WV Portsmouth, OH	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT2-HD WCHS-DT3 WCHS-HD WKAS WLPX WLPX-DT2 WLPX-HD WOWK-HD WOWK-DT3 WOWK-DT3 WOWK-DT4 WOWK-HD WQCW WQCW-DT2	2. B'CAST CHANNEL NUMBER 8. 8.2 8.2 8.3 8.1 26 39 39.2 39.1 13.1 13.2 13.3 13.4 13.1	CHANN  3. TYPE OF STATION  N I-M	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV Ashland, KY Charleston, WV Charleston, WV Huntington, WV Portsmouth, OH Portsmouth, OH	additional information				
1. CALL SIGN  WCHS WCHS-DT2 WCHS-DT2-HD WCHS-DT3 WCHS-HD WKAS WLPX WLPX-HD WOWK-HD WOWK-DT2 WOWK-DT3 WOWK-DT4 WOWK-HD WQCW	2. B'CAST CHANNEL NUMBER 8. 8.2 8.2 8.3 8.1 26 39 39.2 39.1 13.1 13.2 13.3 13.4	CHANN  3. TYPE OF STATION  N I-M I-M I I I I N I-M	EL LINE-UP  4. DISTANT? (Yes or No)	AA  5. BASIS OF CARRIAGE	channel line-up.  6. LOCATION OF STATION  Charleston, WV Ashland, KY Charleston, WV Charleston, WV Huntington, WV Portsmouth, OH	additional information				

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

	CHANNEL LINE-UP AA								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WQCW-HD	30.1	I-M			Portsmouth, OH				
WSAZ	3	N			Huntington, WV				
WSAZ-DT2	3.2	I-M			Huntington, WV				
WSAZ-DT3	3.3	I-M			Huntington, WV				
WSAZ-DT4	3.4	I-M			Huntington, WV				
WSAZ-DT5	3.5	I-M			Huntington, WV				
WSAZ-HD	3.1	N			Huntington, WV				
WTSF	44	I			Ashland, KY				
WTSF-HD	44.1	I			Ashland, KY				
WVAH-DT2	11.2	I-M			Charleston, WV				
WVAH-DT3	11.3	I-M			Charleston, WV				
WVAH-DT4	11.4	I-M			Charleston, WV				
WVAH-DT5	11.5	I-M			Charleston, WV				
WVPB-DT2	34.2	E			Huntington, WV				
WVPB	34	Е			Huntington, WV				
WVPB-HD	34.2	E			Huntington, WV				

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-DT2	50.2	I-M	Yes	0	Jeanette, PA
WPCB-HD	50.1	ı	Yes	E	Jeanette, PA
WQED	13	Е	Yes	0	Pittburgh, PA
WQED-DT2	13.2	E-M	Yes	E	Pittburgh, PA
WQED-DT3	13.3	E-M	Yes	E	Pittburgh, PA
WQED-DT4	14.4	E-M	Yes	E	Pittburgh, PA
WQED-DT5	14.5	E-M	Yes	Е	Pittburgh, PA
WQED-HD	13.1	Е	Yes	Е	Pittburgh, PA
WYFX	19	I			Youngstown, OH
WYFX-DT2	19.2	I-M			Youngstown, OH

G

Primary Transmitters: Television

Armstrong Utilities, Inc. 34166	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	Armstrong Utilities, Inc.	34166	Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
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**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYFX-DT3	19.3	I-M			Youngstown, OH
WYFX-HD	41.2	I			Youngstown, OH
WYTV	36	N			Youngstown, OH
WYTV-DT2	36.2	I-M			Youngstown, OH
WYTV-DT3	36.3	I-M			Youngstown, OH
WYTV-HD	36.1	N			Youngstown, OH

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

CHANNEL LINE-UP AC							
		CHANN	EL LINE-UP	AC			
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		
WATM	23	N			Pittsburgh, PA		
WATM-DT3	23.3	N-M			Pittsburgh, PA		
WATM-DT4	23.4	N			Pittsburgh, PA		
WATM-HD	23.1	N			Pittsburgh, PA		
WJAC	34	N			Johnstown, PA		
WJAC-CW-HD		I-M			Johnstown, PA		
WJAC-DT2	34.2	I-M			Johnstown, PA		
WJAC-DT3	34.3	I-M			Johnstown, PA		
WJAC-DT6	34.6	I-M			Johnstown, PA		
WJAC-HD	34.1	N			Johnstown, PA		
WPCB	50	l	Yes	0	Jeanette, PA		
WPCB-HD	50.1	ı	Yes	Е	Jeanette, PA		
WQED	13	E			Pittburgh, PA		
WQED-HD	13.1	E			Pittburgh, PA		
WTAJ	32	N			Altoona, PA		
WTAJ-DT2	32.2	I-M			Altoona, PA		
WTAJ-DT3	32.3	I-M			Altoona, PA		
WTAJ-DT4	32.4	I-M			Altoona, PA		

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AC							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WTAJ-HD	32.1	I-M			Altoona, PA		
WWCP	8.1	I			Johnstown, PA		
WWCP-DT2-HD	8.1	I			Johnstown, PA		
					-		
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G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N			Pittsburgh, PA
KDKA-DT2	25.2	I-M			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WINP	38	I			Pittburgh, PA
WINP-DT2	38.2	I-M			Pittsburgh, PA
WINP-HD	38.1	I			Pittburgh, PA
WPCB-HD	50.1	ı			Jeanette, PA
WPCB-DT2	50.2	I-M			Jeanette, PA
WPCB-HD	50.1	ı			Jeanette, PA
WPCW	19	I			Jeanette, PA
WPCW-HD	19.1	I			Jeanette, PA
WPGH	53	I			Pittsburgh, PA
WPGH-DT2	53.2	I-M			Pittsburgh, PA
WPGH-DT3	53.3	I-M			Pittsburgh, PA
WPGH-HD	53.1	I			Pittsburgh, PA
WPNT	22	ı			Pittsburgh, PA
WPNT-DT2	22.2	I-M			Pittsburgh, PA
WPNT-DT3	22.3	I-M			Pittsburgh, PA

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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CHANNEL LINE-UP AD								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WPNT-DT4	22.4	I-M			Pittsburgh, PA			
WPNT-HD	22.1	I			Pittsburgh, PA			
WPXI	48	N			Pittsburgh, PA			
WPXI-DT2	48.2	I-M			Pittsburgh, PA			
WPXI-HD	48.1	N			Pittsburgh, PA			
WQED	13	E			Pittburgh, PA			
WQED-DT2	13.2	E-M			Pittburgh, PA			
WQED-DT3	13.3	E-M			Pittburgh, PA			
WQED-DT4	14.4	E-M			Pittburgh, PA			
WQED-DT5	14.5	E-M			Pittburgh, PA			
WQED-HD	13.1	E			Pittburgh, PA			
WTAE	51	N			Pittsburgh, PA			
WTAE-DT2	51.2	I-M			Pittsburgh, PA			
WTAE-HD	51.1	N			Pittsburgh, PA			

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	E			Alliance OH
WNEO-DT2	45.2	E			Alliance OH
WNEO-DT3	45.3	E			Alliance OH
WNEO-HD	45	E			Alliance OH
WYFX	19	I			Youngstown, OH
WYFX-DT2	19.2	I-M			Youngstown, OH
WYFX-DT3	19.3	I-M			Youngstown, OH
WYFX-HD	41.2	I			Youngstown, OH
WYTV	36	N			Youngstown, OH
WYTV-DT2	36.2	I-M			Youngstown, OH
WYTV-DT3	36.3	I-M			Youngstown, OH
WYTV-HD	36.1	N			Youngstown, OH

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

	CHANNEL LINE-UP			AF	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNX	55	ı			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-DT5	55.5	I-M			Akron, OH
WBNX-DT6	55.6	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	17	I			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	ı			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	I			Cleveland, OH
WKYC	17	N			Cleveland, OH
WKYC-DT2	17.2	I-M			Cleveland, OH
WKYC-DT3	17.3	I-M			Cleveland, OH

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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CHANNEL LINE-UP AF								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WKYC-DT4	17.4	I-M			Cleveland, OH			
WKYC-HD	17.1	N			Cleveland, OH			
WNEO	45	E			Alliance OH			
WNEO-HD	45	E			Alliance OH			
WOIO	10	N			Shaker Heights, OH			
WOIO-DT2	10.2	I-M			Shaker Heights, OH			
WOIO-DT3	10.3	I-M			Shaker Heights, OH			
WOIO-DT3	10.3	I-M			Shaker Heights, OH			
WOIO-HD	10.1	N			Shaker Heights, OH			
WUAB	43	I			Lorain, OH			
WUAB-DT2	43.2	I-M			Lorain, OH			
WUAB-DT3	43.3	I-M			Lorain, OH			
WUAB-HD	43.1	ı			Lorain, OH			
WVIZ	25	E			Cleveland, OH			
WVIZ-DT2	25.2	E-M			Cleveland, OH			
WVIZ-DT3	25.3	E-M			Cleveland, OH			
WVIZ-DT4	25.4	E-M			Cleveland, OH			
WVIZ-DT5	25.5	E-M			Cleveland, OH			

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

**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	AF		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIZ-HD	25.1	E			Cleveland, OH
WVPX	23	I			Akron, OH

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBOY	12.1	N			Clarksburg, WV	
WBOY-DT2	12.2	N			Clarksburg, WV	
WBOY-DT2-HD	12.2	N			Clarksburg, WV	
WBOY-DT3	12.3	I-M			Clarksburg, WV	
WBOY-DT4	12.4	I-M			Clarksburg, WV	
WBOY-HD	12.1	N			Clarksburg, WV	
WDTV	5	N			Weston, WV	
WDTV-DT2	5.2	I-M			Weston, WV	
WDTV-DT3	5.3	I-M			Weston, WV	
WDTV-DT4	5.4	I-M			Weston, WV	
WDTV-HD	5.1	N			Weston, WV	
WNPB	33	E			Morgtantown, WV	
WNPB-HD	33.1	E			Morgtantown, WV	
WTAP	49	N			Parkersburg, WV	
WTAP-HD	49.1	N			Parkersburg, WV	
WVFX	10	ı			Clarksburg, WV	
WVFX-DT2	46.2	I-M			Clarksburg, WV	
WVFX-DT2-HD	46.2	I-M			Clarksburg, WV	

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		

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

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

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

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

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

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

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

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

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

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

		CHANN	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVFX-DT3	46.3	I-M			Clarksburg, WV
WVFX-HD	46.1	I			Clarksburg, WV

G

Primary Transmitters: Television

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

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

		CHANNEL LINE-UP			
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
WCHS	8	N			Charleston, WV
WCHS-DT2	8.2	N			Charleston, WV
WCHS-HD	8.1	N			Charleston, WV
WCHS-DT3	8.3	I-M			Charleston, WV
WCHS-HD	8.1	N			Charleston, WV
WKAS	26	E			Ashland, KY
WLPX	39	l			Charleston, WV
WLPX-DT2	39.2	ı			Charleston, WV
WLPX-HD	39.1	ı			Charleston, WV
WOWK	13	N			Huntington, WV
WOWK-DT2	13.2	I-M			Huntington, WV
WOWK-DT3	13.3	I-M			Huntington, WV
WOWK-HD	13.1	N			Huntington, WV
WQCW	17	I-M			Portsmouth, OH
WQCW-DT2	30.2	I-M			Portsmouth, OH
WQCW-DT3	30.3	I-M			Portsmouth, OH
WQCW-DT4	30.4	I-M			Portsmouth, OH
WQCW-HD	30.1	I-M			Portsmouth, OH

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

**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.

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

		CHANN	EL LINE-UP	AH				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
NSAZ	3	N			Huntington, WV			
WSAZ-DT2	3.2	I-M			Huntington, WV			
WSAZ-DT3	3.3	I-M			Huntington, WV			
WSAZ-DT4	3.4	I-M			Huntington, WV			
WSAZ-DT5	3.5	I-M			Huntington, WV			
WSAZ-HD	3.1	N			Huntington, WV			
WTSF	44	ı			Ashland, KY			
WTSF-HD	44.1	ı			Ashland, KY			
WVAH-DT2	11.2	I-M			Charleston, WV			
WVAH-DT3	11.3	I-M			Charleston, WV			
WVAH-DT4	11.4	I-M			Charleston, WV			
WVAH-DT5	11.5	I-M			Charleston, WV			
WVPB	34	E			Huntington, WV			
WVPB-DT2	34.2	E			Huntington, WV			
		T	I	I				

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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-	• •	•			·					
	CHANNEL LINE-UP AI									
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					
KDKA	25	N			Pittsburgh, PA					
KDKA-DT2	25.2	I-M			Pittsburgh, PA					
KDKA-HD	25.1	N			Pittsburgh, PA					
WINP	38	ı			Pittburgh, PA					
WINP-DT2	38.2	I-M			Pittsburgh, PA					
WINP-HD	38.1	ı			Pittburgh, PA					
WNPB	33	E			Morgtantown, WV					
WPCB-HD	50.1	I			Jeanette, PA					
WPCB-DT2	50.2	I-M			Jeanette, PA					
WPCB-HD	50.1	ı			Jeanette, PA					
WPCW	19	ı			Jeanette, PA					
WPCW-HD	19.1	ı			Jeanette, PA					
WPGH	53	ı			Pittsburgh, PA					
WPGH-DT2	53.2	I-M			Pittsburgh, PA					
WPGH-DT3	53.3	I-M			Pittsburgh, PA					
WPGH-HD	53.1	ı			Pittsburgh, PA					
WPNT-DT3	22.3	I-M			Pittsburgh, PA					
WPNT-DT2	22.2	I-M			Pittsburgh, PA					

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

	CHANNEL LINE-UP			Al	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPNT-DT3	22.3	I-M			Pittsburgh, PA
WPNT-DT4	22.4	I-M			Pittsburgh, PA
WPNT-HD	22.1	ı			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	E			Pittburgh, PA
WQED-DT2	13.2	E-M			Pittburgh, PA
WQED-DT3	13.3	E-M			Pittburgh, PA
WQED-DT4	14.4	E-M			Pittburgh, PA
WQED-DT5	14.5	E-M			Pittburgh, PA
WQED-HD	13.1	E			Pittburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ	
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
WBNX	55	l			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT3	55.3	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-DT5	55.5	I-M			Akron, OH
WBNX-DT6	55.6	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	17	ı			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
MJM	8	ı			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	ı			Cleveland, OH
WKYC	17	N			Cleveland, OH
WKYC-DT2	17.2	I-M			Cleveland, OH

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

			<u> </u>	•	<u>'</u>
		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKYC-DT3	17.3	I-M			Cleveland, OH
WKYC-DT4	17.4	I-M			Cleveland, OH
WKYC-HD	17.1	N			Cleveland, OH
WNEO	45	E			Alliance OH
WOIO	10	N			Shaker Heights, OH
WOIO-DT2	10.2	I-M			Shaker Heights, OH
WOIO-DT3	10.3	I-M			Shaker Heights, OH
WOIO-HD	10.1	N			Shaker Heights, OH
WRLM	47	ı			Canton, OH
WUAB	43	ı			Lorain, OH
WUAB-DT2	43.2	I-M			Lorain, OH
WUAB-DT3	43.3	I-M			Lorain, OH
WUAB-HD	43.1	ı			Lorain, OH
WVIZ-HD	25.1	E			Cleveland, OH
WVIZ-DT2	25.2	E-M			Cleveland, OH
WVIZ-DT3	25.3	E-M			Cleveland, OH
WVIZ-DT4	25.4	E-M			Cleveland, OH
WVIZ-DT5	25.5	E-M			Cleveland, OH

G

Primary Transmitters: Television

FORM SASE. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	M
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		

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

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

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	1	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIZ-HD	25.1	E			Cleveland, OH
WVPX	23	I			Akron, OH

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AK	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNX	55	ı			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT3	55.3	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-DT5	55.5	I-M			Akron, OH
WBNX-DT6	55.6	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	17	ı			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	ı			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	ı			Cleveland, OH
WKYC	17	N			Cleveland, OH
WKYC-DT2	17.2	I-M			Cleveland, OH

G

Primary Transmitters: Television

Г	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	Armstrong Utilities, Inc.	34166	Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

	• •			·	<u> </u>
		CHANN	EL LINE-UP	AK	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKYC-DT3	17.3	I-M			Cleveland, OH
WKYC-DT4	17.4	I-M			Cleveland, OH
WKYC-HD	17.1	N			Cleveland, OH
WNEO	45	E			Alliance OH
WOIO	10	N			Shaker Heights, OH
WOIO-DT2	10.2	I-M			Shaker Heights, OH
WOIO-DT3	10.3	I-M			Shaker Heights, OH
WOIO-HD	10.1	N			Shaker Heights, OH
WRLM	47	1			Canton, OH
WUAB	43	ı			Lorain, OH
WUAB-DT2	43.2	I-M			Lorain, OH
WUAB-DT3	43.3	I-M			Lorain, OH
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WVIZ-HD	25.1	E			Cleveland, OH
WVIZ-DT2	25.2	E-M			Cleveland, OH
WVIZ-DT3	25.3	E-M			Cleveland, OH
WVIZ-DT4	25.4	E-M			Cleveland, OH
WVIZ-DT5	25.5	E-M			Cleveland, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name

#### PRIMARY TRANSMITTERS: TELEVISION

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CHANNEL LINE-UP AK								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WVIZ-HD	25.1	E			Cleveland, OH			
WVPX	23	I			Akron, OH			

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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				
KDKA	25	N			Pittsburgh, PA				
KDKA-DT2	25.2	I-M			Pittsburgh, PA				
KDKA-HD	25.1	N			Pittsburgh, PA				
WINP	38	I			Pittburgh, PA				
WINP-DT2	38.2	I-M			Pittsburgh, PA				
WINP-HD	38.1	I			Pittburgh, PA				
WPCB-HD	50.1	ı			Jeanette, PA				
WPCB-DT2	50.2	I-M			Jeanette, PA				
WPCB-HD	50.1	I			Jeanette, PA				
WPCW	19	ı			Jeanette, PA				
WPCW-HD	19.1	I			Jeanette, PA				
WPGH	53	I			Pittsburgh, PA				
WPGH-DT2	53.2	I-M			Pittsburgh, PA				
WPGH-DT3	53.3	I-M			Pittsburgh, PA				
WPGH-HD	53.1	ı			Pittsburgh, PA				
WPNT	22	ı			Pittsburgh, PA				
WPNT-DT2	22.2	I-M			Pittsburgh, PA				
WPNT-DT3	22.3	I-M			Pittsburgh, PA				

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

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CHANNEL LINE-UP AL								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WPNT-DT4	22.4	I-M			Pittsburgh, PA			
WPNT-HD	22.1	I			Pittsburgh, PA			
WPXI	48	N			Pittsburgh, PA			
WPXI-DT2	48.2	I-M			Pittsburgh, PA			
WPXI-DT3	48.3	I-M			Pittsburgh, PA			
WPXI-HD	48.1	N			Pittsburgh, PA			
WQED	13	E			Pittburgh, PA			
WQED-DT2	13.2	E-M			Pittburgh, PA			
WQED-DT3	13.3	E-M			Pittburgh, PA			
WQED-DT4	14.4	E-M			Pittburgh, PA			
WQED-DT5	14.5	E-M			Pittburgh, PA			
WQED-HD	13.1	E			Pittburgh, PA			
WTAE	51	N			Pittsburgh, PA			
WTAE-DT2	51.2	I-M			Pittsburgh, PA			
WTAE-HD	51.1	N			Pittsburgh, PA			

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AM								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WCHS	8	N			Charleston, WV			
WCHS-DT2	8.2	N			Charleston, WV			
WCHS-DT2-HD	8.2	I-M			Charleston, WV			
WCHS-DT3	8.3	I-M			Charleston, WV			
WCHS-HD	8.1	N			Charleston, WV			
WKAS	26	Е			Ashland, KY			
WLPX	39	ı			Charleston, WV			
WLPX-DT2	39.2	ı			Charleston, WV			
WLPX-HD	39.1	l			Charleston, WV			
WOWK	13	N			Huntington, WV			
WOWK-DT2	13.2	I-M			Huntington, WV			
WOWK-DT3	13.3	I-M			Huntington, WV			
WOWK-DT4	13.4	I-M			Huntington, WV			
WOWK-HD	13.1	N			Huntington, WV			
WQCW	17	I-M			Portsmouth, OH			
WQCW-DT2	30.2	I-M			Portsmouth, OH			
WQCW-DT3	30.3	I-M			Portsmouth, OH			
WQCW-DT4	30.4	I-M			Portsmouth, OH			

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AM	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WQCW-HD	30.1	I-M			Portsmouth, OH
WSAZ	3	N			Huntington, WV
WSAZ-DT2	3.2	I-M			Huntington, WV
WSAZ-DT3	3.3	I-M			Huntington, WV
WSAZ-DT4	3.4	I-M			Huntington, WV
WSAZ-DT5	3.5	I-M			Huntington, WV
WSAZ-HD	3.1	N			Huntington, WV
WTSF	44	I			Ashland, KY
WTSF-HD	44.1	I			Ashland, KY
WVAH-DT2	11.2	I-M			Charleston, WV
WVAH-DT3	11.3	I-M			Charleston, WV
WVAH-DT4	11.4	I-M			Charleston, WV
WVAH-DT5	11.5	I-M			Charleston, WV
WVPB	34	E			Huntington, WV
WVPB-DT2	34.2	E			Huntington, WV

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AN								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WBNX	55	ı			Akron, OH			
WBNX-DT2	55.2	I-M			Akron, OH			
WBNX-DT3	55.3	I-M			Akron, OH			
WBNX-DT4	55.4	I-M			Akron, OH			
WBNX-DT5	55.5	I-M			Akron, OH			
WBNX-DT6	55.6	I-M			Akron, OH			
WBNX-HD	55.1	I-M			Akron, OH			
WDLI	17	I			Canton, OH			
WEWS	5	N			Cleveland, OH			
WEWS-DT2	5.2	I-M			Cleveland, OH			
WEWS-HD	5.1	N			Cleveland, OH			
MJM	8	ı			Cleveland, OH			
WJW-DT2	8.2	I-M			Cleveland, OH			
WJW-DT3	8.3	I-M			Cleveland, OH			
WJW-DT4	8.4	I-M			Cleveland, OH			
WJW-HD	8.1	ı			Cleveland, OH			
WKYC	17	N			Cleveland, OH			
WKYC-DT2	17.2	I-M			Cleveland, OH			

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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CHANNEL LINE-UP AN								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WKYC-DT3	17.3	I-M			Cleveland, OH			
WKYC-DT4	17.4	I-M			Cleveland, OH			
WKYC-HD	17.1	N			Cleveland, OH			
WMFD	12	ı			Mansfield, OH			
WMFD-HD	68.1	ı			Mansfield, OH			
WNEO	45	E			Alliance OH			
WOIO	10	N			Shaker Heights, OH			
WOIO-DT2	10.2	I-M			Shaker Heights, OH			
WOIO-DT3	10.3	I-M			Shaker Heights, OH			
WOIO-HD	10.1	N			Shaker Heights, OH			
WUAB	43	l			Lorain, OH			
WUAB-DT2	43.2	I-M			Lorain, OH			
WUAB-DT3	43.3	I-M			Lorain, OH			
WUAB-HD	43.1	ı			Lorain, OH			
WVIZ-HD	25.1	E			Cleveland, OH			
WVIZ-DT2	25.2	E-M			Cleveland, OH			
WVIZ-DT3	25.3	E-M			Cleveland, OH			
WVIZ-DT4	25.4	E-M			Cleveland, OH			

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Armstrong Utilities, Inc.	34166	

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AN								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WVIZ-DT5	25.5	E-M			Cleveland, OH			
WVIZ-HD	25.1	E			Cleveland, OH			
WVPX	23	ı			Akron, OH			
		<u> </u>						
					-			
		<b> </b>						
		·						
					-			

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

	CHANNEL LINE-UP AO									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
KDKA	25	N	Yes	0	Pittsburgh, PA					
KDKA-HD	25.1	N	Yes	Е	Pittsburgh, PA					
WFXP	66	ı	Yes	0	Erie, PA					
WFXP-DT2	66.2	I-M	Yes	Е	Erie, PA					
WFXP-DT3	66.3	I-M	Yes	Е	Erie, PA					
WFXPDT4	66.4	I-M	Yes	0	Erie, PA					
WFXP-HD	66.1	ı			Erie, PA					
WICU-HD	12.1	N			Erie, PA					
WICU-DT2	12.2	I-M			Erie, PA					
WICU-DT4	12.4	I-M			Erie, PA					
WICU-HD	12.1	N			Erie, PA					
WJET	24	N			Erie, PA					
WJET-DT2	24.2	I-M			Erie, PA					
WJET-DT3	24.3	I-M			Erie, PA					
WJET-HD	24.1	N			Erie, PA					
WQLN	50	Е			Erie, PA					
WQLN-HD	50.1	E-M			Erie, PA					
WSEE	16	N			Erie, PA					

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AO								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WSEE-DT2	35.2	I-M			Erie, PA			
WSEE-DT3	35.3	I-M			Erie, PA			
WSEE-HD	35.1	N			Erie, PA			
	·······							
	<u>.</u>							

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AP	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	Е			Alliance OH
WNEO-DT2	45.2	E			Alliance OH
WNEO-DT3	45.3	E			Alliance OH
WNEO-HD	45	E			Alliance OH
WQED	13	E	Yes	0	Pittburgh, PA
WYFX	19	ı			Youngstown, OH
WYFX-DT2	19.2	I-M			Youngstown, OH
WYFX-DT3	19.3	I-M			Youngstown, OH
WYFX-HD	41.2	ı			Youngstown, OH
WYTV	36	N			Youngstown, OH
WYTV-DT2	36.2	I-M			Youngstown, OH
WYTV-DT3	36.3	I-M			Youngstown, OH
WYTV-HD	36.1	N			Youngstown, OH

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AQ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N			Pittsburgh, PA
KDKA-DT2	25.2	I-M			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WINP	38	ı			Pittburgh, PA
WINP-DT2	38.2	I-M			Pittsburgh, PA
WINP-HD	38.1	I			Pittburgh, PA
WNEO	45	E	Yes	0	Alliance OH
WPCB-HD	50.1	ı			Jeanette, PA
WPCB-DT2	50.2	I-M			Jeanette, PA
WPCB-HD	50.1	ı			Jeanette, PA
WPCW	19	ı			Jeanette, PA
WPCW-HD	19.1	ı			Jeanette, PA
WPGH	53	ı			Pittsburgh, PA
WPGH-DT2	53.2	I-M			Pittsburgh, PA
WPGH-DT3	53.3	I-M			Pittsburgh, PA
WPGH-HD	53.1	ı			Pittsburgh, PA
WPNT-DT2	22.2	I-M			Pittsburgh, PA
WPNT-DT3	22.3	I-M			Pittsburgh, PA

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

**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.

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

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

		CHANN	EL LINE-UP	AQ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPNT-DT4	22.4	I-M			Pittsburgh, PA
WPNT-HD	22.1	ı			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	E			Pittburgh, PA
WQED-DT2	13.2	E-M			Pittburgh, PA
WQED-DT3	13.3	E-M			Pittburgh, PA
WQED-DT4	14.4	E-M			Pittburgh, PA
WQED-DT5	14.5	E-M			Pittburgh, PA
WQED-HD	13.1	E			Pittburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

**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.

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

		CHANN	EL LINE-UP	AR	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	ı			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	Е			Alliance OH
WPCB	50	ı	Yes	0	Jeanette, PA
WPCB-DT2	50.2	I-M	Yes	0	Jeanette, PA
WPCB-HD	50.1	ı	Yes	Е	Jeanette, PA
WQED	13	E	Yes	0	Pittburgh, PA
WQED-DT2	13.2	E-M	Yes	Е	Pittburgh, PA
WQED-DT3	13.3	E-M	Yes	Е	Pittburgh, PA
WQED-DT4	14.4	E-M	Yes	Е	Pittburgh, PA
WQED-DT5	14.5	E-M	Yes	Е	Pittburgh, PA
WQED-HD	13.1	E	Yes	Е	Pittburgh, PA
WYFX	19	l			Youngstown, OH

G

Primary Transmitters: Television

Armstrong Utilities, Inc. 34166	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	Armstrong Utilities, Inc.	34166	Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

•			•	•					
CHANNEL LINE-UP AR									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WYFX-DT3	19.3	I-M			Youngstown, OH				
WYFX-HD	41.2	I			Youngstown, OH				
WYTV	36	N			Youngstown, OH				
WYTV-DT2	36.2	I-M			Youngstown, OH				
WYTV-DT3	36.3	I-M			Youngstown, OH				
WYTV-HD	36.1	N			Youngstown, OH				

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-				AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KDKA	25	N	Yes	0	Pittsburgh, PA	
KDKA-HD	25.1	N	Yes	E	Pittsburgh, PA	
WFXP	66	I	Yes	0	Erie, PA	
WFXP-DT2	66.2	I-M	Yes	E	Erie, PA	
WFXP-DT3	66.3	I-M	Yes	E	Erie, PA	
WFXPDT4	66.4	I-M	Yes	0	Erie, PA	
WICU	12	N	Yes	0	Erie, PA	
WICU-DT2	12.2	I-M	Yes	0	Erie, PA	
WICU-DT4	12.4	I-M	Yes	0	Erie, PA	
WJET	24	N	Yes	0	Erie, PA	
WJET-DT2	24.2	I-M	Yes	E	Erie, PA	
WJET-DT3	24.3	I-M	Yes	Е	Erie, PA	
WJET-HD	24.1	N	Yes	Е	Erie, PA	
WQLN	50	Е	Yes	0	Erie, PA	
WQLN-DT2	50.2	E-M	Yes	Е	Erie, PA	
WQLN-DT3	50.3	E-M	Yes	Е	Erie, PA	
WQLN-HD	50.1	E-M	Yes	Е	Erie, PA	
WSEE	16	N	Yes	О	Erie, PA	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Armstrong Utilities, Inc.	34166	

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AS								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WSEE-DT2	35.2	I-M	Yes	E	Erie, PA			
WSEE-DT3	35.3	I-M	Yes	E	Erie, PA			
WSEE-HD	35.1	N			Erie, PA			
					+			

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AT	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFXP	66	I			Erie, PA
WFXP-DT2	66.2	I-M			Erie, PA
WFXP-DT3	66.3	I-M			Erie, PA
WFXPDT4	66.4	I-M			Erie, PA
WFXP-HD	66.1	I			Erie, PA
WICU	12	N			Erie, PA
WICU-DT2	12.2	I-M			Erie, PA
WICU-DT4	12.4	I-M			Erie, PA
WICU-HD	12.1	N			Erie, PA
WJET-HD	24.1	N			Erie, PA
WJET-DT2	24.2	I-M			Erie, PA
WJET-DT3	24.3	I-M			Erie, PA
WJET-HD	24.1	N			Erie, PA
WQLN	50	E			Erie, PA
WQLN-DT2	50.2	E-M			Erie, PA
WQLN-DT3	50.3	E-M			Erie, PA
WQLN-HD	50.1	E-M			Erie, PA
WSEE	16	N			Erie, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AT	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WSEE-DT2	35.2	I-M			Erie, PA
WSEE-DT3	35.3	I-M			Erie, PA
WSEE-HD	35.1	N			Erie, PA

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AV	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNS	10	N			Columbus, OH
WBNS-DT2	10.2	N			Columbus, OH
WBNS-DT3	10.3	N			Columbus, OH
WBNS-HD	10.1	N			Columbus, OH
WCMH	4	N			Columbus, OH
WCMH-DT2	4.2	I-M			Columbus, OH
WCMH-DT4	4.4	I-M			Columbus, OH
WCMH-HD	4.1	N			Columbus, OH
wosu	34	N			Columbus, OH
WOSU-DT2	34.2	I-M			Columbus, OH
WOSU-DT3	34.3	I-M			Columbus, OH
WOSU-DT4	34.4	I-M			Columbus, OH
WOSU-HD	34.1	N			Columbus, OH
WSYX	6	N			Columbus, OH
WSYX-DT2	6.2	I-M			Columbus, OH
WSYX-DT3	6.3	I-M			Columbus, OH
WSYX-HD	6.1	N			Columbus, OH
WTTE-DT3	28.3	I-M			Columbus, OH

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name			
Armstrong Utili	ties, Inc.				34166				
PRIMARY TRANSMITTERS: TELEVISION									
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.									
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					ion. For example, report multi- stream separately; for example				
	e. For example	e, WRC is Cha	•		on for broadcasting over-the-air in may be different from the channel				
Column 3: Indicate educational station, by (for independent multic For the meaning of the	e in each case volume entering the lecast), "E" (for not see terms, see p	whether the state of the state	etwork), "N-M" (for educational), or egeneral instruc	or network multica r "E-M" (for noncor tions located in th	pendent station, or a noncommercial st), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-				
1	ave entered "Ye ne distant statio	es" in column on during the a	4, you must com	nplete column 5, s od. Indicate by ente	lating the basis on which your ering "LAC" if your cable system				
For the retransmiss of a written agreement	ion of a distant entered into or	multicast stre n or before Ju	eam that is not s ne 30, 2009, bet	ubject to a royalty tween a cable syst	payment because it is the subject tem or an association representing y transmitter, enter the designa-				
explanation of these the	ree categories, e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, give	of the general in r U.S. stations, I e the name of th	nstructions located ist the community e community with	ter basis, enter "O." For a further If in the paper SA3 form. It owhich the station is licensed by the Which the station is identifed.				
Troto: If you are dament	g manapio onai	• •	EL LINE-UP		mainist into up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WTTE-DT3	28.3	I-M			Columbus, OH				
		ļ							
		<u> </u>							

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

TOTAL TAGE 5.						ACCOUNTING	T LINIOD. 2021/1			
Armstrong Utilities, In		EM:			S	34166	Name			
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
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 programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.										
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:			
	_			s, any nonne	etwork television program	1	Special Statement and			
1	broadcast by a distant station?									
<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.										
2. LOG OF SUBSTITUTE										
In General: List each substiclear. If you need more spa				wnerever pos	ssible, if their meaning is					
Column 1: Give the title	of every no	nnetwork televi	ision program (substitute p							
period, was broadcast by a						ion				
under certain FCC rules, re SA3 form for futher informa										
titles, for example, "I Love I	ucy" or "NE	BA Basketball:	76ers vs. Bulls."	basketball	. List specific program					
' •		,	r "Yes." Otherwise enter "N							
			asting the substitute progra ne community to which the		ensed by the ECC or in					
the case of Mexican or Car										
		when your syst	tem carried the substitute p	orogram. Use	e numerals, with the mon	th				
first. Example: for May 7 giv		substitute pro	gram was carried by your o	able system	List the times accurately	v				
to the nearest five minutes.						,				
stated as "6:00-6:30 p.m."	"D" : 6 41.	Baka dan samana								
to delete under FCC rules a			was substituted for progra			1				
gram was substituted for pr	ogramming									
effect on October 19, 1976										
				WHI	EN SUBSTITUTE					
S	UBSTITUT	E PROGRAM		CARR	IAGE OCCURRED	7. REASON FOR				
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION				
					_					
	<del> </del>									
					<u> </u>					
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ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF C		SYSTEM:						S'	#34166	
	Armstrong U									34100	
Part-Time Carriage Log	Icolumn 5 of snace (:										
			DATE	S AND HOURS	OF F	PART-TIME CAR	RIAGE				
	CALL SIGN	WHEN	CARRIAGE OCC	JRRED		CALL SIGN	WHEI	N CARRIAGE O	CCUR	RED	
	O'NEE GIGIN	DATE	HOU FROM	RS TO		O'TEE O'O'T	DATE	FROM	OURS	TO	
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LEGA	SAGE. FAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:  mstrong Utilities, Inc.	SYSTEM ID# 34166	Name					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  \$ 32,953,611.13								
IMP	during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)						
Instru • Con • Con • If you fee : • If you acco ■ If pa	ARIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. Incomplete block 1 on line 1 of block 4, and calculate the total royalty fee. Incomplete block 2 on line 1 of block 4, and calculate the total royalty fee. Incomplete block 1 on line 1 of block 4, and calculate the total royalty fee. Incomplete the applicable parts of the property o	s of the DSE Schedule	L Copyright Royalty Fee					
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be en elow.	tered on line 2 in block						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be entered on line						
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee i system's gross receipts for the accounting period.	,						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 32,953,611.13						
	This is your minimum fee.	\$ 350,626.42						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and continued to the property of the	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	\$ 32,669.61						
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00						
	Line 3. Add lines 1 and 2 and enter here	\$ 32,669.61						
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	\$ 350,626.42	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under					
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact					
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 351,351.42	appropriate form for submitting the					
	EFT Trace # or TRANSACTION ID #		additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Some general instructions located in the paper SA3 form and the Excel instructions takes	,						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Armstrong Utilities, Inc.	34166								
	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Chamieis	Enter the total number of channels on which the cable									
	system carried television broadcast stations	20								
	Enter the total number of activated channels									
		19								
	and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name Ken Proudfoot Telephone (724) 283-	0925								
	Address One Armstrong Place (Number, street, rural route, apartment, or suite number)									
	Butler, PA 16001									
	(City, town, state, zip)									
	Email kproudfoot@agoc.com Fax (optional)									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)									
Cortification	, and another state of the stat									
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identi in line 1 of space B and that the owner is not a corporation or partnership; or	fied								
	(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)]									
	/s/ Diane Potochny									
	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 probutton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.									
	Typed or printed name: <b>Diane Potochny</b>									
	Title: Chief Financial Officer									
	(Title of official position held in corporation or partnership)									
	Date: August 26, 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER	R OF CARI	LE SYSTEM:			SYSTEM ID#	1
Armstrong Utiliti					34166	Name
SPECIAL STA The Satellite Hom- lowing sentence: "In determi service of p scribers an  For more informat paper SA3 form.  During the accoun	TEMENT TEMENT TO THE VIEW THE VIEW THE VIEW THE VIEW THE VIEW TEMPORE THE VIEW THE VIEW TEMPORE THE VIEW THE VIEW THE VIEW TH	NT CONCERNING of Act of 1988 amended total number of subscrig secondary transmission into collected from subswhen to exclude these a	Title 17, section of the group one of primary brocribers receiving smounts, see the record of the group of th	secondary transmissions ponote on page (vii) of the ge	ble system for the basic ystem shall not include sub- oursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
X NO	ournors (	io catolino alon ownoro.	•			
YES. Enter the	ne total h	ere and list the satellite	carrier(s) below.			
Name Mailing Address				Name Mailing Address		
INTEREST AS:	SESSN	MENTS				
•		•	• • •	nitted as a result of a late neral instructions in the pa	payment or underpayment. aper SA3 form.	Q
Line 1 Enter the a	amount	of late payment or unde	erpayment			Interest Assessment
Line 2 Multiply lin	ne 1 by t	he interest rate* and en	ter the sum here		x days	
Line 3 Multiply lin	ne 2 by t	he number of days late	and enter the sur	m here	x 0.00274	
	•	0.00274** enter here an (page 7)			\$ - (interest charge)	
		rate chart click on www. g Division at (202) 707-			or further assistance please	
** This is the d	decimal e	equivalent of 1/365, whi	ch is the interest	assessment for one day la	ite.	
•	-	-		ount already submitted to t unting period, and ID num	he Copyright Offce, ber as given in the original	
Owner Address						
First community set Accounting period ID number	••					

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

ACCOUNTING PERIOD: 2021/1

DSE SCHEDULE, PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

#### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

**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 G 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 of 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 particular 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 a 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, in 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 been 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 station 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 Syndicated 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 pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or 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 in
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

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

#### **SCHEDULE**

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

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

 1.064% of gross receipts

 Each of the second, third, and fourth DSEs

 0.701% of gross receipts

 The fifth and each additional DSE
 0.330% of gross receipts

### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

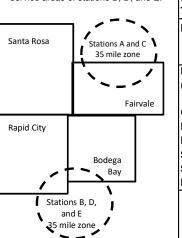
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE:**

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

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



	Distant Stations Carr	ied	Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
n	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)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 600,000.00
 .00

	\$0,364.00								
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)

**ACCOUNTING PERIOD: 2021/1** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. FAGI	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#			
1	Armstrong Utilities, Inc.		34166						
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	3.75							
	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).								
Computation	In the column headed "DSE": mercial educational station, give			as "1.0"; for ea	ach network or noncom-				
Category "O"			CATEGORY "O" STATION	IS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	WPCB	1.000							
	WQED	0.250							
	KDKA	0.250							
	WFXP	1.000							
	WNEO	0.250							
Add rows as	WICU	0.250							
necessary.  Remember to copy all	WJET	0.250							
formula into new	WQLN	0.250							
rows.	WSEE	0.250							
		<del> </del>							
		<u> </u>							
		<del>  </del>							
		<del>  </del>							
		<del>  </del>							
		<del>  </del>							
		<del> </del>							
		<u> </u>							
i	L	L		L	ad a second and a second a second and a second a second and a second a second and a	L			

Name	Armstrong U	owner of cable system:						\$	34166		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6	at the call sign of all distants: For each station, give the correspond with the information, give the correspond with the information, give the coluder of the coluder of the coluder of the coluder of the call signs of the call	the number of I mation given in the total number imn 2 by the figure mal point. This station, give the	nours your cable sy n space J. Calculate or of hours that the gure in column 3, and is the "basis of carre e "type-value" as "1 figure in column 5, and	stem car e only or station be nd give t riage val .0." For o	ried the station of the DSE for ear coadcast over the result in de ue" for the state each network	on during the accounting ch station.  the air during the accounting ecimals in column 4. This ition. or noncommercial eduction.	nting period. s figure must ational station,			
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs										
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR		. BASIS OF CARRIAGI VALUE	E VALU	E	SE		
			÷				x x	=			
			÷		=		x	=			
			÷		=		x	=			
			+		=		<u>x</u>	=			
			÷				x x	=			
			÷				x				
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give Was carried tions in effe Broadcast o space I). Column 2: F at your option. Column 3: E Column 4: I	e the call sign of each stall by your system in substict on October 19, 1976 (anne or more live, nonnetwo	ation listed in s itution for a pro- as shown by the ork programs de number of live spond with the is in the calenda in 2 by the figu	space I (page 5, the ogram that your syshe letter "P" in colur uring that optional ce, nonnetwork progriformation in spacar year: 365, excepture in column 3, and	Log of Stem was mn 7 of scarriage (rams carce I. t in a lea	Substitute Prog permitted to pace I); and as shown by the ried in substitute p year.	delete under FCC rules ne word "Yes" in column 2 ution for programs that vumn 4. Round to no less	and regular- of vere deleted than the third	).		
		Sl	JBSTITUTE	E-BASIS STATI	IONS: (	COMPUTA	TION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS		I. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		-		=			-		=		
		-	<del>:</del> =	=				-	=		
			<del>-</del>					+	=		
		-	÷	=			-	-	=		
	Add the DSEs of	OF SUBSTITUTE-BASI				▶	0.00		=		
5		R OF DSEs: Give the ame		boxes in parts 2, 3,	and 4 of	this schedule a	and add them to provide t	he total			
Total Number	1. Number	of DSEs from part 2 ●					·	3.75			
of DSEs	2. Number	of DSEs from part 3 ●					·	0.00			
	3. Number	of DSEs from part 4 ●					•	0.00			
	TOTAL NUMBE	R OF DSEs							3.75		

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF O	WNER OF CABLE S	YSTEM:					S	YSTEM ID# 34166	Name
I <b>nstructions:</b> Bloo In block A:	ck A must be comp	leted.							•
If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the chedule.								6	
If your answer if "No," complete blocks B and C below.							•		
BLOCK A: TELEVISION MARKETS								Computation of 3.75 Fee	
effect on June 24,	1981?		•	er markets as define LETE THE REMAIN			C rules and regula	tions in	
_	olete blocks B and (		O NOT COMIT		IDEN OF TAIN	1 071110 7.			
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DSE	Es			
Column 1: CALL SIGN	FCC rules and re	gulations pri e DSE Sche	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of th 981. For further exp e letter M below refe act of 2010.)	planation of pe	ermitted statio	ns, see the	j	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	les and regu ed pursuant t	lations cited be o the FCC mar	is on which you car low pertain to those ket quota rules [76.	e in effect on Ju 57, 76.59(b), 7	une 24, 1981. '6.61(b)(c), 76	5.63(a) referring to		
	C Noncommerica	al educational station (76.6	al station [76.59 65) (see paragr	6.59(d)(1), 76.61(e)( (c), 76.61(d), 76.63 aph regarding subs	(a) referring to	76.61(d)]			
		/iously carrie HF station w	ed on a part-time ithin grade-B co	e or substitute basis ontour, [76.59(d)(5)			ring to 76.61(e)(5)]		
Column 3:				parts 2, 3, and 4 of tter "F" in column 2,		nplete the wo	ksheet on page 14	of	
	this schedule to d	letermine the	DSE.)						
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN WPCB	BASIS	1.00	SIGN WJET	BASIS	0.25	SIGN	BASIS		
WQED	C	0.25	WQLN	C	0.25				
KDKA	D	0.25	WSEE	D	0.25				
WFXP	D	1.00							
WNEO	С	0.25							
WICU	D	0.25							
								3.75	
			BLOCK C: CC	OMPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of [	OSEs from	part 5 of this s	chedule					
ine 2: Enter the	sum of permitted	d DSEs fron	n block B abov	ve					
				of DSEs subject to of this schedule)		te.			
ine 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen
ine 5: Multiply li	ne 4 by 0.0375 a	nd enter su	m here				X U.U3		partially permited/ partially
, ,	• • • • •						х		nonpermitted carriage?
ine 6: Enter tota	al number of DSE	s from line	3						If yes, see part 9 instructions.
ine 7: Multiply li	ne 6 by line 5 and	d enter here	and on line 2	, block 3, space L	. (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Armstrong Utilities, Inc.  SYSTEM ID#  34166									
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
••••									

Instructions: You must complete his worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)	Nome	LEGAL NAME OF OWN		SYSTEM ID#					
Statistical prior to Junn 25, 1981, under former FCC rules governing pat-lime and substitute carriage.)   Column 1: List the callsign for each distant station intelling by the lotter "in column 2 of part 6 of the DSE schedule. Column 2: Indicate the 200 FBF or 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 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).   Column 4: Indicate the absist of carriage on which the station was carried by listing one of the following letters:   (Note that the FCC rules and Registations, carriage on a part-time basis, of specialty programming under FCC rules, sections 76.59(4)(3), 76.51(e)(3).   B—Late-riight programming: Carriage on a part-time basis, of specialty programming under FCC rules, sections 76.59(4)(3), 76.51(e)(3).   B—Late-riight programming: Carriage on a part-time basis, of specialty programming under FCC rules, sections 76.59(4)(3), 76.51(e)(3).   S-Substitute carriage under certain FCC rules, sections 76.59(4)(3), 76.51(e)(3).   S-Substitute carriage under certain FCC rules, sections 76.59(4)(3), 76.51(e)(3).   S-Substitute carriage under certain FCC rules, sections 76.59(4)(3), 76.51(e)(4).   Column 5: Indicate the station 8.58 for the current accounting period as computed in parts 2.3, and 4 of this schedule.   Column 6: Corporate the DSE rights isled in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block 8. column 3 of part 6 for this station.   Important F T is information for the station and the part of the formation provided in parts 2.3, and 4 of this schedule.   The provided of the part of the formation for the station from the designated distallment of account on file in the Licensing Division of the captage of the part of the	Name	Armstrong Utilit	ties, Inc.				34166		
### statement of account on file in the Licensing Division.    PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS   1. CALL   2. PRIOR   3. ACCOUNTING   4. BASIS OF   5. PRESENT   6. PERMITTED DSE   PERIOD   CARRIAGE   DSE   D	Computating the DSE Schedule for Permitted Part-Time and Substitute	stations carried prior Column 1: List the c Column 2: Indicate t Column 3: Indicate t Column 4: Indicate t (Note that the FC A—Part-time spe 7 B—Late-night pro 7 S—Substitute ca g Column 5: Indicate t Column 6: Compare in b	r to June 25, 1981, und all sign for each distanthe DSE for this station the accounting period at the basis of carriage or CC rules and regulation existing programming: C (6.59(d)(1),76.61(e)(1), ogramming: Carriage under certain F(1), carriage under certain F(2), carriage under certain F(3), carriage under certain F(4), the station's DSE for the the DSE figures listed block B, column 3 of page 1985.	der former FCC rules gove tt station identifed by the le in for a single accounting per and year in which the carria in which the station was can is cited below pertain to the arriage, on a part-time bas in or 76.63 (referring to 76.6 ander FCC rules, sections of CC rules, regulations, or au the paper SA3 form. the current accounting period in columns 2 and 5 and list art 6 for this station.	rning part-time and substiter "F" in column 2 of particle, occurring between Jage and DSE occurred (e. ried by listing one of the fose in effect on June 24, 2 is, of specialty programmi (a1(e)(1)). 76.59(d)(3), 76.61(e)(3), outhorizations. For further ed as computed in parts 2, at the smaller of the two figures.	tute carriage.) t 6 of the DSE schedule. anuary 1, 1978 and June g., 1981/1). ollowing letters: 1981.) ing under FCC rules, sec or 76.63 (referring to explanation, see page (vi) 3, and 4 of this schedule gures here. This figure sh	tions of the		
1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMIDSE    SIGN   DSE   PERIOD   CARRIAGE   DSE   DSE   DSE					be accurate and is subjec	t to veriication nom the d	esignated		
1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMIDSE    SIGN   DSE   PERIOD   CARRIAGE   DSE   DSE   DSE			DEDMITTED DOG	FOR CTATIONS CARRIE		D CLIDCTITLITE DACIC			
Instructions: Block A must be completed.   In block A:   If your answer is "Yes," complete blocks B and C, below.   If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C, blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C, blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C, blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C, blank and complete part 8 of the DSE schedule.   If your answer is "No," leave blocks B and C, below.   If your answer is "No," leave blocks B and C, below.   If your answer is "No," leave blocks B and C, below.   If your answer is "No," leave blocks B and C, below.   If your answer is "No," leave blocks B and C, below.   If your answer is "Your answer is "No," leave blocks B and C, below.   If your answer is "No," leave block B of part 7 carried in any common into year year.   If your answer is "No," leave blocks B and C, below.   If your answer is "Your answer is "Yo		1. CALL	I				6. PERMITTED		
In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET  * Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.		SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE		
In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET  * Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.									
In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET  * Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.									
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In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET  * Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.									
In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET  * Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.									
In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET  * Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.									
In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET  * Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.									
In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET  * Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.									
In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET  * Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.									
Exclusivity Surcharge  Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.  No—Enter zero and proceed to part 8.	Computation	In block A:  If your answer is "Yes," complete blocks B and C, below.							
• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.	Syndicated			BLOCK A: MAJOR	TELEVISION MARKE	ΕT			
BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.  No—Proceed to part 8  BLOCK C: Computation of Exempt DSEs  Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.	· ·	• Is any portion of the c	able system within a to	n 100 major television mark	et as defned by section 76	5 of ECC rules in effect II	une 24 19812		
BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.  BLOCK C: Computation of Exempt DSEs  Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)  Yes—List each station below with its appropriate permitted DSI  X No—Enter zero and proceed to part 8.	Suicharge	l · ·		p 100 major television mark			une 24, 1901!		
Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X  No—Enter zero and proceed to part 8.  Was any station listed in block B of part 7 carried in any commonity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)  Yes—List each station below with its appropriate permitted DSI  X  No—Enter zero and proceed to part 8.		Tes Complete	blocks B and C .			part 0			
commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X  No—Enter zero and proceed to part 8.		BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations	BLOCK C: Computation of Exempt DSEs				
		commercial VHF static or in part, over the cab	on that places a grade ble system? ation below with its appro	B contour, in whole	Yes—List each station below with its appropriate permitted DSE				
CALL SIGN DSE CALL SIGN DSE CALL SIGN D CA		No—Enter zero ar	по ргосеео то рагт в.		X   No—Enter zero and proceed to part 8.				
		CALL SIGN	DSE CAL	LL SIGN DSE	CALL SIGN	DSE CALL S	IGN DSE		
			<u> </u>						
TOTAL DSES 0.00 TOTAL DSES			тот	AL DSEs 0.00		TOTAL I	DSEs 0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Armstrong Utilities, Inc.  SYSTEM  341		Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	.13	7
Section 2	A. Enter the total DSEs from block B of part 7		nputation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00 Syn	ndicated clusivity
	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	).00	rcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC?  X Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:  Armstrong Utilities, Inc.  34	
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1).	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u>
_		ctions:	
8		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.	
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of		ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
		e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• 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.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ <b>\$</b>	
	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 <b>4.000 or less</b> , 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)	.00
		Base Rate Fee	

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/1

	ME OF OWNER OF CABLE SYSTEM: rong Utilities, Inc.	SYSTEM ID# 34166	Name
	If the figure in section 2 is <b>more than 4.000</b> , 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 of Base Rate Fee
	C. Multiply line B by 3.000 and enter here		Dase Nate i ee
	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 <b>\$</b>		
	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	
IMPOR'	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadc	ast signals shall	
	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels		9
receipts	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe from subscribers located within the station's local service area, from your system's total gross receipts. To take on, you must:		Computation of Base Rate Fee
station o	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	e the number of	and Syndicated Exclusivity Surcharge
also cor	If any portion of your cable system is located within the top 100 television market and the station is not exempt in npute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations	ation vou	for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant state that community.	ation you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were I the station's local service area. A subscriber located outside the local service area of a station is distant to that see token, the station is distant to the subscriber.)		
subscrib	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant per group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note t will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu groups.	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	stem's subscriber	
	section:		
• Give tl	y the communities/areas represented by each subscriber group.  ne call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a bers in the group.	all of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it schedule; or,	in parts 2, 3, and	
,	ortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in 6 of this schedule.	block B,	
• Add th	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
page. I DSEs fo	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (to that group's complement of stations and total gross receipts from the subscribers in that group). You do not nealculations on the form.	hat is, the total	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID
	Armstrong Utilities, Inc.	3416
	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.	

Name	34166	S				SYSTEM:		LEGAL NAME OF OWNER  Armstrong Utilities
		ER GROUP	SUBSCRIBE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A:	E
•	Р	SUBSCRIBER GROU	SECOND S		Р	SUBSCRIBER GROU	FIRST	
9 Computati		ake, PA	Sandy La	COMMUNITY/ AREA		p, WV	Greenu	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate			1.00	WPCB				
and			0.25	WQED				
Syndicate								
Exclusivi								
Surcharg	····		·····					
_				-			<u> </u>	
for			·····					
Partially	····							
Distant			<b></b>					
Stations								
			<u>                                     </u>		<u> </u>			
	1.25			Total DSEs	0.00			Total DSEs
	33,891.16	<u>\$</u> 13	d Group	Gross Receipts Second	,297.75	<u>\$ 177</u>	oup	Gross Receipts First Gr
			[					
	1,659.25	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	Р	SUBSCRIBER GROU	FOURTH S		Р	SUBSCRIBER GROU	THIRD	
		arion, PA	North Cla	COMMUNITY/ AREA		et, PA	Somers	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							1.00	WPCB
			<b></b>					
	0.00			Total DSEs	1.00			otal DSEs
		\$ 3	Group	Gross Receipts Fourth	,510.66	\$ 362	roup	Gross Receipts Third G
	35,200.62	<u> </u>	Croup .	II.				

LEGAL NAME OF OWNE Armstrong Utilitie		E SYSTEM:				•	34166	Name
		COMPUTATION C		TE FEES FOR EACH		BER GROUP SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	Kinsma			COMMUNITY/ AREA				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u> </u>			Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 5	4,851.85	Gross Receipts Secon	d Group	\$	71,918.83	
Base Rate Fee First G	-	\$	0.00	Base Rate Fee Secon	-	\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	UP	COMMUNITY/ AREA	EIGHTH Hamlin,	SUBSCRIBER GRO	JP	
	11011134			COMMONT IT AREA		***		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 21	2,377.55	Gross Receipts Fourth	Group	\$	513,045.80	
<b>Base Rate Fee</b> Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	II as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNE Armstrong Utilitie		E SYSTEM:				S	34166	Name
		COMPUTATION O SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Connel	Isville, PA		COMMUNITY/ AREA	Medina	, OH		<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee
								Syndicated
					<u></u>			Exclusivity Surcharge
								for
					<u></u>			Partially Distant
								Stations
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 3,477,156.44		Gross Receipts Second Group \$ 1,990,380.06		\$ 1,990,380.06		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
E		SUBSCRIBER GROU	JP			I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Orrville	e, OH		COMMUNITY/ AREA	Butler/2	Zelie, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third G	Group	\$ 595	5,387.06	Gross Receipts Fourth	Group	\$ 10,6	559,544.19	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER  Armstrong Utilities		OTOTEWI.					34166	Name
				TE FEES FOR EACH				
		SUBSCRIBER GRO	UP			SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	South F	Point, OH		COMMUNITY/ AREA	Ashland	OH		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIGIT	DOL	CALL SIGN	DOL	CALL GIOIN	DOL	OALL SIGN	DOL	Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially
								Distant
								Stations
	<mark></mark>							
	<u>-</u>							
	<u>-</u>				-			
	<u>-</u>							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 1,984	4,839.59	Gross Receipts Second	d Group	\$ 1,7	763,969.19	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	UP	S	IXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Venang	o & Forest Cour	ities, PA	COMMUNITY/ AREA	Warren &	& Crawford Coun	ties, PA	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
VFXP	1.00			KDKA	0.25			
	<u> </u>							
							·····	
							·····	
	-							
	<u>-</u>							
	<u> </u>							
otal DSEs			1.00	Total DSEs			0.25	
Gross Receipts Third G	roup	\$ 203	3,518.69	Gross Receipts Fourth	Group	\$	398,605.81	
Base Rate Fee Third G	roun	\$	2,165.44	Base Rate Fee Fourth	Group	¢	1,060.29	
	Jup	4	L, 100.44	Last rate i ee i oulli	Sioup	\$	1,000.25	
dase Rate Fee Hill G								

LEGAL NAME OF OWNER Armstrong Utilities		E SYSTEM:				S	YSTEM ID# 34166	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROUI	D	
COMMUNITY/ AREA		n Mahoning Coun		COMMUNITY/ AREA				<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WQED	0.25			Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts First Gr	coup	. 3 389	475.45	Gross Receipts Second	d Group	\$ 2,30	00,397.66	
Gross Receipts First Gr	оир	3,303	77.5.75	Gross Receipts Secon	u Group	2,30	50,557.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Second	d Group	\$	6,119.06	
		SUBSCRIBER GROU		ii -		SUBSCRIBER GROUI	<b>D</b>	
COMMUNITY/ AREA	Butler	& Lawrence Coun	ties, PA	COMMUNITY/ AREA	Venango	Counties, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WNEO	0.25			
							<u></u>	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts Third G	Froup	\$ 527	326.11	Gross Receipts Fourth	Group	\$	95,226.90	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	253.30	
Base Rate Fee: Add th Enter here and in block			ber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNE Armstrong Utilitie		SYSTEM:				5	34166	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
TWE	NTY-FIRST	SUBSCRIBER GROU	JP	TWENT	Y-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	North C	entral Mercer Co	ounty, PA	COMMUNITY/ AREA	Southern	Mercer County,	PA	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WPCB	1.00			WPCB	1.00			Base Rate Fee
WQED	0.25							and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	<mark></mark>							
	<mark></mark>							
	<u></u>							
			4.05				4.00	
Total DSEs			1.25	Total DSEs			1.00	
Gross Receipts First G	roup	\$ 99	9,036.57	Gross Receipts Secon	d Group	\$	930,254.46	
<b>Base Rate Fee</b> First G	roup	\$ 1	1,227.31	Base Rate Fee Secon	d Group	\$	9,897.91	
TWEN	ITY-THIRD	SUBSCRIBER GROU	JP	TWENT	Y-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Crawfo	rd & Erie Countie	es, PA	COMMUNITY/ AREA	Mercer C	County, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KDKA	0.25			WFXP	1.00			
				WICU	0.25			
				WJET	0.25			
				WQLN	0.25			
				WSEE	0.25			
	<del></del>		<u></u>		<u></u>			
	<mark></mark>		<u></u>		<u></u>			
	<u></u>		<u> </u>		<del>-</del>			
					<del></del>			
Total DSEs			0.25	Total DSEs			2.00	
Gross Receipts Third C	Group	\$ 2,098	3,597.21	Gross Receipts Fourth	Group	\$	42,190.18	
							$\neg \neg  $	
Base Rate Fee Third G	Group	s 5	5,582.27	Base Rate Fee Fourth	Group	\$	744.66	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes ab	oove.	\$		

	s, Inc.						34166	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRII	BER GROUP		
TWEN	NTY-FIFTH	SUBSCRIBER GRO	UP	TWE	NTY-SIXTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	French	Creek Township	, PA	COMMUNITY/ AREA	Venango	ngo County, PA		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WFXP	1.00	0.1223.00						Base Rate F
			···					and
							······	Syndicate
			···				······	
								Exclusivit
								Surcharge
								for
								Partially
								Distant
					••••••••••••			Stations
			···		······································			
			<del></del>					
			<del></del>					
Total DSEs	· ·		1.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$	9,682.32	Gross Receipts Secon	d Group	\$	51,718.19	
Base Rate Fee First G	roup	\$	103.02	Base Rate Fee Secon	d Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GRO	UP	TWEN	ΓΥ-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Wester	n Erie & North Ce	entral Cra	COMMUNITY/ AREA	Morrow	County, OH		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
Fotal DSEs						CALL SIGN		
CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Third G			0.00	Total DSEs			0.00	

Nonpermitted 3.75 Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  Greenup, WV  CALL SIGN  DSE  CALL S	9
COMMUNITY/ AREA Greenup, WV COMMUNITY/ AREA Sandy Lake, PA	a
CALL SIGN DSE CA	Computation
	of
	Base Rate F
	and
	Syndicated
	Exclusivity
	Surcharge
	for Partially
	Distant
	Stations
Total DSEs         0.00         Total DSEs         0.00	
Gross Receipts First Group \$ 177,297.75 Gross Receipts Second Group \$ 133,891.16	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP	
COMMUNITY/ AREA Somerset, PA COMMUNITY/ AREA North Clarion, PA	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Total DSEs         0.00         Total DSEs         0.00	
Gross Receipts Third Group \$ 362,510.66 Gross Receipts Fourth Group \$ 335,200.62	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  Enter here and in block 3, line 1, space L (page 7)  \$ 0.00	1

## Nonpermitted 3.75 Stations

	34166						R OF CABLE <b>s, Inc</b> .	Armstrong Utilitie		
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION OF	BLOCK A:			
•	IP	SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GROU	FIFTH			
<b>9</b> Computatio		r, OH	Andove	COMMUNITY/ AREA		n, OH	Kinsma	COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F										
and										
Syndicated					<u></u>					
Exclusivity										
Surcharge										
for					<u></u>					
Partially		-			<u></u>					
Distant										
Stations										
					<u></u>					
	0.00			Total DSEs	0.00			Total DSEs		
	\$ 71,918.83		roup <b>\$ 71,918.83</b>		Gross Receipts Second Group		1,851.85	\$ 54	ross Receipts First Group	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First G		
	IP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GROU	SEVENTH			
		W/V						001414111111111111111111111111111111111		
		***	Hamlin,	COMMUNITY/ AREA		ille, vvv	Harrisv	COMMUNITY/ AREA		
	DSF				DSF					
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN		
	DSE				DSE					
	DSE				DSE					
	DSE				DSE					
	DSE				DSE					
	DSE				DSE					
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	DSE				DSE					
	DSE				DSE					
	DSE				DSE					
	DSE				DSE					
	DSE				DSE					
	DSE				DSE			CALL SIGN		
	DSE				DSE					
	DSE				DSE					
	DSE				DSE			CALL SIGN		
		CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE			

'	34166	S						LEGAL NAME OF OWNER  Armstrong Utilities
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	CK A: COMPUTATION OI	BLOCK A:	E
	ROUP	SUBSCRIBER GROUP	TENTH		NINTH SUBSCRIBER GROUP			
9 Computation		ОН	Medina,	COMMUNITY/ AREA	Connellsville, PA		COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	SE CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated		-						
Exclusivity		-	···		···			
''								
Surcharge								
. for								
Partially								
Distant								
Stations								
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"		-						
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-			<del></del>				<u>-</u>	
							<u>.</u>	
	0.00			Total DSEs	0.00			Total DSEs
	1,990,380.06	s 1,99	d Group	Gross Receipts Second	,156.44	<u>\$</u> 3,477	oup	Gross Receipts First Gr
	1							
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
1	ROUP	SUBSCRIBER GROUP	TWELVTH		JP	ENTH SUBSCRIBER GROU	LEVENTH	E
1		elie PA	Butler/2	COMMUNITY/ AREA		rrville, OH	Orrville	COMMUNITY/ AREA
		ene, i A	Dutier/2	COMMONT I/ AREA		ii viiie, Oii	Onvine	
1	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OSE CALL SIGN	DSE	CALL SIGN
1								
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"]								
"			<b></b>		·			
"			<del></del>		···		·	
-			<del></del>				·	
				Total DSEs	0.00			Total DSEs
_	0.00			11				
		s 10.6	Group	Gross Receipts Fourth	.387.06	s 595	roup	Gross Receipts Third G
	0.00	\$ 10,6	Group	Gross Receipts Fourth	5,387.06	s <b>595</b>	roup	Gross Receipts Third G

Name	34166						s, Inc.	
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A:	E
٥	Р	SUBSCRIBER GROU		ii —	THIRTEENTH SUBSCRIBER GROUP			THI
<b>9</b> Computation	HO t		Ashland	EA South Point, OH COMMUNITY/ AREA Ashlan		uth Point, OH		COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	332	07.22 0.0.1	1202	67 tal 51511	302	07.122.01011	202	07.122 070.1
and								
Syndicated								
Exclusivity								
Surcharge								
for								
Partially								
Distant Stations							<u></u>	
Clations								
			<b></b>				<u> </u>	
	0.00			Total DSEs	0.00			Total DSEs
		¢ 1.7	4.0	 	,839.59	s 1.984.	roun	Gross Receints First G
	63,969.19	\$ 1,7	a Group	Gross Receipts Secon	Gross Receipts First Group \$ 1,984,839.59			
	63,969.19	<b>3</b> 1,7	a Group	Gross Receipts Secon		,,,,,,,	очр	31000 1 to 001pto 1 trot 01
	0.00	\$		Base Rate Fee Secon	0.00	\$	•	·
	0.00		d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	<b>0.00</b>	\$	roup	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	<b>0.00</b>	\$ SUBSCRIBER GROU	roup	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gi FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gi FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gi FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gi FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gi FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gi FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gi FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gi FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gi FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  Warren	Base Rate Fee Secon  S  COMMUNITY/ AREA	0.00	SUBSCRIBER GROU O & Forest Count	roup IFTEENTH Venang	Base Rate Fee First Gi FI COMMUNITY/ AREA
	DSE	SUBSCRIBER GROUM & Crawford Count  CALL SIGN	d Group  SIXTEENTH  Warren  DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN	0.00  PP ties, PA  DSE	SUBSCRIBER GROU  O & Forest Count  CALL SIGN	roup  IFTEENTH  Venang  DSE	FICOMMUNITY/ AREA  CALL SIGN

	34166						R OF CABLE <b>s, Inc</b> .	Armstrong Utilities		
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A:	E		
_	•	SUBSCRIBER GROUP	SHTEENTH	EIC	SEVENTEENTH SUBSCRIBER GROUP					
9 Computation	ounty, Ol	oning & Trumbull C	W. Maho	COMMUNITY/ AREA	ty, OH	rn Mahoning County, OH		astern Mahoning County, OH		COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F										
and										
Syndicate										
Exclusivit										
Surcharge										
for										
Partially	<b></b>									
Distant							-			
Stations			<u></u>							
	-						-			
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							-			
	0.00			Total DSEs	0.00			Гotal DSEs		
	0,397.66	\$ 2,30	d Group	Gross Receipts Second	,475.45	\$ 3,389	oup	Gross Receipts First Gr		
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr		
		SUBSCRIBER GROUP				SUBSCRIBER GROU				
			WENTIETH		IP		NTEENTH	NII		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP	WENTIETH Venange	T	IP	SUBSCRIBER GROU	NTEENTH  Butler &	NII		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA		
		SUBSCRIBER GROUP  o Counties, PA	WENTIETH Venange	T' COMMUNITY/ AREA	ties, PA	SUBSCRIBER GROU	NTEENTH  Butler &	NII COMMUNITY/ AREA  CALL SIGN		
	DSE	SUBSCRIBER GROUP O Counties, PA  CALL SIGN	DSE	CALL SIGN	DSE	SUBSCRIBER GROU  Lawrence Coun  CALL SIGN	DSE	NII COMMUNITY/ AREA		

CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIRST SUBSCRIBER GROUP Orth Central Mercer County, PA  COMMUNITY/ AREA Southern Mercer County, PA Comp		SUBSCRI	TE EEEO EOO EAOU					
orth Central Mercer County, PA COMMUNITY/ AREA Southern Mercer County, PA			TE FEES FOR EACH	- BASE RA	COMPUTATION OF	BLOCK A:	E	
oral containment of county, 17	SUBSCRIBER GROUP	Y-SECOND	TWENTY	TWENTY-FIRST SUBSCRIBER GROUP				
	n Mercer County, PA	Souther	COMMUNITY/ AREA	Central Mercer County, PA		North C	COMMUNITY/ AREA	
OSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DS	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base R								
al								
Synd								
Exclu								
Surc	_	···				···		
Pari	<u> </u>							
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Stat				<u> </u>				
		<u> </u>		·······		<u>-</u>		
				·		<u></u>		
				<b></b>				
		<u></u>						
	0.0		Total DSEs	0.00			Total DSEs	
\$ 99,036.57 Gross Receipts Second Group \$ 930,254.46	\$ 930,254.4	d Group	Gross Receipts Second	,036.57	\$ 99	oup	Gross Receipts First G	
\$ 0.00 Base Rate Fee Second Group \$ 0.00	\$ 0.0	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First G	
THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP	SUBSCRIBER GROUP	Y-FOURTH	TWENT	IP	SUBSCRIBER GROU	TY-THIRD	TWEN	
rawford & Erie Counties, PA COMMUNITY/ AREA Mercer County, PA	County, PA	Mercer	COMMUNITY/ AREA	s, PA	rd & Erie Countie	Crawfo	COMMUNITY/ AREA	
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SICN DS	I Dee	CALL SICN	l nee	CALL SICN	DSE	CALL SIGN	
SE CALE SIGN DSE CALE SIGN DSE	CALL SIGIN DS	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	
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		<del></del>		<del> </del>		<u></u>		
				<u>.</u>		<mark></mark>		
				<u> </u>				
0.00 Total DSEs 0.00	0.0	•	Total DSEs	0.00			Total DSEs	
	\$ 42,190.1	Group	Gross Receipts Fourth		\$ 2,098	roup	Gross Receipts Third G	
		•				•		
o \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	\$ 0.0	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G	

Name	34166	\$				SYSTEM:		Armstrong Utilities
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	BLOCK A:	
9	JP	SUBSCRIBER GROU		H	TWENTY-FIFTH SUBSCRIBER GROUP			
Computation		o County, PA	Venang	COMMUNITY/ AREA	PA	Creek Township	French	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
Surcharge								
for								
Partially			<u>.</u>					
Distant Stations			<del></del>		<b>-</b>		-	
Otations			···					
					<b> </b>			
			<u> </u>		<b>-</b>			
	0.00			Total DSEs	0.00			Total DSEs
	51,718.19	\$	d Group	Gross Receipts Secon	,682.32	\$ 9	oup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First G
					'			
		SUBSCRIBER GROU	TY-EIGHTH	TWEN <sup>-</sup>	JP	SUBSCRIBER GROU		TWENTY-
		SUBSCRIBER GROU		TWEN'		SUBSCRIBER GROUNT SUBSCRIBER GROUNT G	SEVENTH	
							SEVENTH	
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	COMMUNITY/ AREA
	JP	County, OH	Morrow	COMMUNITY/ AREA	entral Cra	n Erie & North Ce	SEVENTH	CALL SIGN
	JP DSE	County, OH	DSE	CALL SIGN	DSE	CALL SIGN	DSE	COMMUNITY/ AREA

FORM SA3E, PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and to Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	rcial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for Partially Distant Stations	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group of Exempt DSEs in block C, part 7 of this schedule. If none ente Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form.	r zero. of DSEs used to compute the surcharge.
	FIDOT OF DOODING ODOUR	
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for
	this subscriber group subject to the surcharge computation	this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	Tilst Gloup	Gecond Group
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	syndicated exclusivity	computation
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

FORM SA3E, PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and to Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	rcial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for Partially Distant Stations	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group of Exempt DSEs in block C, part 7 of this schedule. If none ente Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form.	r zero. of DSEs used to compute the surcharge.
		II
	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 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for this subscriber group subject to the surcharge	total number of DSEs for this subscriber group subject to the surcharge
	computation	computation
	SURCHARGE First Group	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 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and to Syndicated Exclusivity Surcharge. Indicate which major television market systems of the system of the systems of	
Computation	Circh FO and in Adams in an adams	Constant 50 marine to localisate an advet
of Base Rate Fee	First 50 major television market  INSTRUCTIONS:	Second 50 major television market
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	rcial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for Partially Distant Stations	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group of Exempt DSEs in block C, part 7 of this schedule. If none ente Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form.	r zero. f DSEs used to compute the surcharge.
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP
	MINTH SUBSCRIBER GROUP	TENTI SUBSCINIBEN GROUP
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
		<u></u>
	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 total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge  computation	subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 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 must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee 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. Exclusivity Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. 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. FOURTEENTH SUBSCRIBER GROUP THIRTEENTH 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 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 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	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television ma by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	ercial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for Partially	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ente Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the	er zero. of DSEs used to compute the surcharge. · formula outlined in block D, section 3 or 4 of part 7 of this
Distant Stations	schedule. In making this computation, use gross receipts figure your actual calculations on this form.	ures applicable to the particular group. You do not need to show
	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 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge computation	this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group	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 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for a in the boxes above. Enter here and in block 4, line 2 of space L (page	

FORM SA3E, PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television m by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for comm	nercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber grou	p for the VHF Grade B contour stations that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none en	
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the	· · · · · · · · · · · · · · · · · · ·
Distant	schedule. In making this computation, use gross receipts fig	gures applicable to the particular group. You do not need to show
Stations	your actual calculations on this form.	
	TWENTY-FIRST SUBSCRIBER GROUP	TWENTY-SECOND SUBSCRIBER GROUP
	TWENTT-FINGT SOBSCRIBER GROOF	TWENTT-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 total number of DSEs for	and enter here. This is the 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 First Group	SURCHARGE Second Group\$
		· · · · · · · · · · · · · · · · · · ·
	TWENTY-THIRD SUBSCRIBER GROUP	TWENTY-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 total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group \$
	OVALDIOATED EVOLUGINITY OUDGUADOS ALLI	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	
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	LEGAL NAME OF OWNER OF CARLE SYSTEM	FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Armstrong Utilities, Inc.	SYSTEM ID# 34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
<b>9</b> Computation	If your cable system is located within a top 100 television market and syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	he station is not exempt in Part 7, you must also compute a
of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	rcial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for Partially	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the	r zero. f DSEs used to compute the surcharge. formula outlined in block D, section 3 or 4 of part 7 of this
Distant Stations	your actual calculations on this form.	res applicable to the particular group. You do not need to show
	TWENTY-FIFTH SUBSCRIBER GROUP	TWENTY-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 total number of DSEs for	and enter here. This is the 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
	First Group	Second Group
	TWENTY-SEVENTH SUBSCRIBER GROUP	TWENTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1	Line 2: Enter the Exempt DSEs.
	and enter here. This is the	Line 3: Subtract line 2 from line 1 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 Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	