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
8-24-21	\$
	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 subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	NTS Communications, LLC									
	VEXUS FIBER									
				40344	20211					
				40344	2021/1					
	912 S. Main, Suite 106									
	Sikeston, MO 63801									
С	INSTRUCTIONS: In line 1, give any business or trade names used to id									
	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	ı ın space B.	-					
System	1 IDENTIFICATION OF CABLE SYSTEM:	DDA NTS Com	amunications IIC							
	NTS Telephone Company, LLC; Pride Network LLC.  MAILING ADDRESS OF CABLE SYSTEM:	DBA N12 COL	nmunications, LLC							
	[Number, street, rural route, apartment, or suite number]									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	st on page 1	h					
Area	with all communities.	o, a		or on page	~					
Served	CITY OR TOWN	STATE								
First	Wolfforth TX									
Community	Below is a sample for reporting communities if you report multiple cha	ı nnel line-ups in S <sub>l</sub>	pace G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB G						
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 sufficiency of the fling, a determination that would be made by a court of law.

**ACCOUNTING PERIOD: 2021/1** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 40344 **NTS Communications, LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN **CH LINE UP** SUB GRP# STATE Wolfforth TΧ Α 1 **First** Levelland TΧ Α 1 Community **Brownfield** TX Α 1 Slaton TX Α 1 Lubbock TX Α 2 Lamesa TX Α 1 See instructions for **Abernathy** TX Α 1 additional information on alphabetization. **Hale Center** TX Α Olton TX Α 1 Littlefield TX Α Meadow TX Α Add rows as necessary. **New Deal** TX Α **Plainview** TX Α Ropesville TX Α 1 **Smyer** TX Α 1 **Whitharral** TX Α 1 Wilson TX Α 1

······································

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NTS Communications, LLC

SYSTEM ID# 40344

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.

BLO	OCK 1			BLOCK 2			
	NO. OF					NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
Service to first set	1,953	\$	37.20				
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	529	\$	37.20				
Converter							
Residential							
Non-residential				"			
		l		I I'''			

F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		ľ		•••••
Fire protection		Pay cable		ľ		
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		Fire protection		ľ		
• First set		Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:		ľ		•••••
• FM radio (if separate rate)		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		Move to new address				
				ľ		

FORM SA3E. PAGE 3.					2/2	,,					
LEGAL NAME OF OWN					SYSTEM ID 4034	Name					
NTS Communio	4										
PRIMARY TRANSMITTERS: TELEVISION  In Constall, in appear C. identify every television station (including translator stations and law power television stations).											
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 bas	Transmitters: Television										
<b>Substitute Basis Stations:</b> 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											
<ul> <li>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</li> </ul>											
in the paper SA3 fo		aian Da nat r	onart arigination	nrogram contino	a cuch as HBO ESBN ata Identify						
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-						
			•	•	n stream separately; for example						
WETA-simulcast).	s channel numb	or the ECC h	as assigned to t	the television stati	on for broadcasting over-the-air in						
			-		may be different from the channel						
on which your cable sy	stem carried th	e station.			•						
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"						
	•	,	,. ,		mmercial educational multicast).						
For the meaning of the											
Column 4: If the standard planation of local servi				,.	es". If not, enter "No". For an ex- e paper SA3 form.						
					stating the basis on which your						
-		-		•	ering "LAC" if your cable system						
carried the distant stat For the retransmiss	•				capacity. payment because it is the subject						
					tem or an association representing						
,			•	• .	ry transmitter, enter the designa-						
· · ·			•	•	her basis, enter "O." For a further d in the paper SA3 form.						
				•	to which the station is licensed by the						
Note: If you are utilizin				•	which the station is identifed.						
Troto in you are aimen	ga.a.p.o oa.	•	•			_					
		CHANN	EL LINE-UP	AA		-					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION						
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)							
KAMC	28	N N	NO	(II Distant)	LUBBOCK, TX	-					
KAMC-DT3	28.3	I-M	NO		LUBBOCK, TX	See instructions for					
KBZO.1	51.1	N	NO		LUBBOCK, TX	additional information on alphabetization.					
KCBD.1	11.1	N	NO		LUBBOCK, TX						
KCBD.2	11.2	I-M	NO		LUBBOCK, TX						
KCBD.3	11.3	I-M	NO		LUBBOCK, TX						
KCBD.4	11.4	I-M	NO		LUBBOCK, TX						
KJTV.1	34.1	N	NO		LUBBOCK, TX						
KJTVCD.1	32.1	I-M	NO		LUBBOCK, TX						
KJTVSD.2	32.2	I-M	NO		LUBBOCK, TX						
KLBB.1	48.1	<u> </u>	NO		LUBBOCK, TX						
KLBB.2	48.2	I-M	NO		LUBBOCK, TX						
KLBB.3	48.3	I-M	NO		LUBBOCK, TX						
KLBK.1	13.1	N	NO		LUBBOCK, TX						
KLBK.2	13.2	I-M	NO		LUBBOCK, TX						
KLCW.1											
	Wolfforth, TX										
KMVI 1	Wolfforth, TX	 									
KMYL.1 KMYL.2	14.1 14.2	N N I-M	NO NO NO		Wolfforth, TX LUBBOCK, TX LUBBOCK, TX	 					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NTS Communications, LLC

SYSTEM ID#
40344

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 specific FCC rules, regulations, or authorizations:

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

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

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

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

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

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the 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	A, CONT.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KMYL.4	14.4	I-M	NO		LUBBOCK, TX
КРТВ.1	16	I	NO		LUBBOCK, TX
KTTZ.1	5.1	Е	YES	0	LUBBOCK, TX
KTTZ.2	5.2	E-M	YES	0	LUBBOCK, TX
KTTZ.3	5.3	E-M	YES	0	LUBBOCK, TX
KXTQ.1	46.1	N	NO		LUBBOCK, TX
KLBB.4	48.4	I-M	NO		LUBBOCK, TX

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.	VNER OF CABLE SY	STEM:			SYSTEM ID#	
NTS Commun					40344	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), substitute program be substitute Program of the	e G, identify every e system during the ations in effect or 76.61(e)(2) and (asis, as explaine asis, as explaine astations: With rec C rules, regular on here in space of only on a subsite, and also in spainformation concomm.  The channel number associated with recast care as well as the channel number as th	r television starte accounting in June 24, 194, or 76.63 (r d in the next   respect to any ations, or auth G—but do listitute basis. In the state of the station acceptable of the station acceptable of the station. In a station acceptable of the station. In the station acceptable of the station. In the station acceptable of the station. In the local server in column acceptable of the local server in column acceptable of the station. In the local server in column acceptable of the station acceptable of the station. In the station acceptable of the station acceptable of the station acceptable of the station. In the station acceptable of the station acceptable of the station. For the station acceptable of the stati	period, except of 81, permitting the eferring to 76.61 paragraph.  I distant stations orizations:  It it in space I (the station was carried tute basis station report origination coording to its own be reported in origination is a netwoetwork), "N-M" (for educational), one general instruction is a netwoetwork), "and the stational is a netwoetwork, "queen a linstructional is a netwoetwork of leducational), one general instructional is a netwoetwork of lack of a sam that is not some 30, 2009, be especiation representations of the general in true. Stations, if the control of the general in trues, stations, if the leducations is a netwoetwork of the general in trues.	(1) stations carried be carriage of certa 1(e)(2) and (4))]; a scarried by your cast of carried by your cast of carried by your cast of both on a substitute, see page (v) or a program services er-the-air designal column 1 (list each the television station of the television of	s". If not, enter "No". For an expaper SA3 form.  Itating the basis on which your ering "LAC" if your cable system capacity.  payment because it is the subject tem or an association representing y transmitter, enter the designation basis, enter "O." For a further d in the paper SA3 form.  It owhich the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
		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	

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

NTS Communications, LLC  PRIMARY TRANSMITTERS: TELEVISION In General: In apace 6, identify every television station (including translator stations and low power felevision stations) are contented by your calles system during the accounting period, except (1) stations carried only on a part-time basis under carried to large the system during the accounting period, except (1) stations carried only on a part-time basis under carried to large the system on a substitute program basis satisfies power in the near paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  - 0 no fulls the station here in space 6—but do list it in space (10e special Stations and also on some other station was carried by your cable system on a substitute basis.  - List the station here, and also in space 1, if the station was carried by byour cable system and also on some other in the paper SAS form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, eb. Identify each multicast stream associated with a station according to large extension and the station of the station and the station and the station of the station and the station and the station and the station of the station and station and the station of the station of the station is considered by the station of the station and station and station and station and station of the station and stations and stations and stations and station an	FORM SA3E. PAGE 3.	(NED OF CARLE CV	OTEM.			SYSTEM ID#			
PRIMARY TRANSMITTERS: TELEUSION  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 76.59(a)(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 specific FCC rules and 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 specific FCC rules, regulations, or authorizations:  Do not 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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream) experamely. 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), "To independent), "-M" (for independent multicast), "E" (for noncommercial educational station, by entering the letter "N" (for network) station, by entering of these terms, see page (v) of th							Name		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  10 not list the station here, and also in space (1) the station was carried both on a substitute basis and also on some other station was carried only on a substitute basis.  1. List the station here, and also in space (1) 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 associated with a station according to its over-the-air designation. For example, were the station.  Column 5: It is each station case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N' (for network station, an independent station, or a noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 6: If you take it the station is outside the local service area, (e.e. "distant", here "Yes", If not, enter "Yes", If not, enter "Yes", If not, enter "Yes", If no		,				-10011			
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AD  1. CALL SIGN  2. B'CAST CHANNEL OF  4. DISTANT? (Yes or No) CARRIAGE  6. LOCATION OF STATION CARRIAGE	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 76.659(d)2) and (4), 76.61 (e)(2) and (4), 76.63 (fe(e)(2) and (4)), 76.63 (fe(e)(2) and (4), 76.63 (fe(e)								
CHANNEL LINE-UP AD  1. CALL SIGN  2. B'CAST CHANNEL OF  4. DISTANT? (Yes or No)  5. BASIS OF CARRIAGE  6. LOCATION OF STATION CARRIAGE	FCC. For Mexican or	Canadian statio	ns, if any, give	e the name of th	e community with	which the station is identifed.			
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	Note. II you are utiliz	Ing multiple char		•	•	chainei ine-up.			
		CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			

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

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name			
NTS Communic	cations, LLC	;			40344	ramo			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
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of a written agreement	entered into or	n or before Ju	ne 30, 2009, bet	tween a cable sys	tem or an association representing				
,			•	• .	y transmitter, enter the designa- ner basis, enter "O." For a further				
					d in the paper SA3 form. to which the station is licensed by the				
				•	which the station is identifed.				
Note: If you are utilizin	g multiple char	nel line-ups,	use a separate s	space G for each	channel line-up.				
		CHANN	EL LINE-UP	AE					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYS	STEM ID#	Name
NTS Communic	cations, LLC	;				40344	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
PRIMARY TRANSMITTE In General: In space ( carried by your cable selection of the selection	ers: TELEVISIO G, identify every system during the ions in effect or i.61(e)(2) and (4) sis, as explaine stations: With record in space only on a substant and also in space only on a substant associated with example of the channel number of the example of the channel number of the example of the example of the channel number of the example of the exam	replace to any to the local service of the local se	period, except (81, permitting the eferring to 76.61 paragraph. (7 distant stations portizations: to the eferring to 76.61 paragraph. (8 distant stations) to the effect of the effect o	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(3); and carried by your case. Special Statement of both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each column 1 (list each column 1). This is the television staticity ington, D.C. This is the television staticity of the television staticity. The television staticity of the television staticity of the television staticity of the television staticity of the television staticity. The television staticity of the television staticity of the television staticity of the television staticity. The television staticity of the television staticity of the television staticity of the television staticity. The television staticity of the television staticity of the television staticity of the television staticity. The television staticity of the television staticity of the television staticity. The television staticity of the television staticity of the television staticity of the television staticity. The television staticity of the television staticity of the television staticity. The television staticity of the television staticity of the television staticity of the television staticity. The television staticity of the	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by which the station is identifed.	i g	G Primary Transmitters: Television
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		CHANN	EL LINE-UP	AF			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.	NER OF CABLE SY	'STEM:			SYSTEM ID#	
NTS Communi					40344	Name
PRIMARY TRANSMITT	•					
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program be	G, identify every system during the tions in effect or 6.61(e)(2) and (asis, as explaine	television stane accounting June 24, 19 ), or 76.63 (r d in the next p	period, except (81, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa (e)(2) and (4))]; and	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary  Transmitters:
basis under specifc F	CC rules, regula n here in space	ntions, or auth G—but do lis	orizations:		able system on a substitute program ent and Program Log)—if the	Television
basis. For further in the paper SA3 for	nformation conc orm.	erning substit	ute basis statior	ns, see page (v) of	te basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify	
each multicast stream	n associated with	n a station ac	cording to its over	er-the-air designat	n stream separately; for example	
Column 2: Give th	se. For example	e, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel	
Column 3: Indicate educational station, b	e in each case way entering the le icast), "E" (for no	whether the st tter "N" (for ne oncommercial	etwork), "N-M" (f l educational), o	or network multicar "E-M" (for nonco	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). le paper SA3 form.	
planation of local serv <b>Column 5:</b> If you h	vice area, see pa nave entered "Ye	age (v) of the es" in column	general instructi 4, you must con	ons located in the	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	
of a written agreemen	sion of a distant at entered into or	multicast stre n or before Ju	eam that is not s ne 30, 2009, be	ubject to a royalty tween a cable sys	payment because it is the subject tem or an association representing	
tion "E" (exempt). For explanation of these t <b>Column 6:</b> Give th	simulcasts, also hree categories ne location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, give	you carried the o of the general i r U.S. stations, l e the name of th	channel on any oth nstructions located list the community e community with	y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. 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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
NTS Communic	cations, LLC	;			40344	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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Note: If you are utilizin	g multiple chan	inel line-ups, i	use a separate s	space G for each of	channel line-up.	
		CHANN	EL LINE-UP	AH		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
NTS Communic	cations, LLC	<del>,</del>			40344	1141110
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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Note: If you are utilizin		nnel line-ups, u	use a separate s	space G for each o		
	T	CHANN	EL LINE-UP	Al		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		<b> </b>				

FORM SA3E. PAGE 3.					
LEGAL NAME OF OWNER OF CABLE S	/STEM:			SYSTEM ID#	Name
NTS Communications, LLC				40344	
PRIMARY TRANSMITTERS: TELEVISION	N				
<ul> <li>basis under specifc FCC rules, regul</li> <li>Do not list the station here in space station was carried only on a subs</li> <li>List the station here, and also in space basis. For further information conding in the paper SA3 form.</li> </ul>	he accounting n June 24, 1984 4), or 76.63 (need in the next prespect to any attions, or auth G—but do list titute basis. ace I, if the state erning substite sign. Do not reason account of the a station accounts of the state o	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: at it in space I (the tion was carried ute basis station eport origination cording to its over be reported in control of the station was carried to be reported in control or the station was carried to be reported in control or the station was carried to be reported in control or the station was carried to be reported in control or the station was carried to	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case Special Statement both on a substitution, see page (v) of a program services er-the-air designation of the column 1 (list each	l only on a part-time basis under in network programs [sections and (2) certain stations carried on a lable system on a substitute program and and Program Log)—if the late basis and also on some other the general instructions located a such as HBO, ESPN, etc. Identify ion. For example, report multistream separately; for example	G Primary Transmitters: Television
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Note: If you are utilizing multiple cha	• •	·		channel line-up.	
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1. CALL 2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
NTS Communio					SYSTEM ID# 40344	Name
PRIMARY TRANSMITTE					40044	
In General: In space G	G, identify every	television sta	,		and low power television stations) I only on a part-time basis under	G
_				•	nd (2) certain stations carried on a	Primary
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				carried by your ca	able system on a substitute program	Television
<ul> <li>basis under specifc FC</li> <li>Do not list the station station was carried</li> </ul>	here in space	G—but do list		e Special Stateme	ent and Program Log)—if the	
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	-2". Simulcast	streams must	be reported in o	column 1 (list each	stream separately; for example	
WETA-simulcast).  Column 2: Give the	e channel numb	per the FCC h	as assigned to t	he television station	on for broadcasting over-the-air in	
			-		may be different from the channel	
on which your cable sy			ation is a netwo	rk station an inde	pendent station, or a noncommercial	
					est), "I" (for independent), "I-M"	
,	,		,.	•	mmercial educational multicast).	
For the meaning of the Column 4: If the sta		• ,	•		e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local servi	ce area, see pa	age (v) of the	general instructi	ons located in the	paper SA3 form.	
			•		tating the basis on which your ering "LAC" if your cable system	
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Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate s	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AK		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
NTS Communic	cations, LLC	<b>;</b>			40344	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space of carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA-Simulcast).	G, identify every ystem during the ons in effect or .61(e)(2) and (4 sis, as explained tations: With rectations: With rectation as usual also in spatements and also in spatements. It is station concern.  h station's call associated with -2". Simulcast	r television stane accounting of June 24, 1984), or 76.63 (red) in the next prespect to any titions, or authors it it to basis.  In the control of the stane of t	period, except (81, permitting the eferring to 76.61 paragraph, distant stations orizations: at it in space I (the tion was carried ute basis station eport origination cording to its over be reported in control of the station was carried to be reported in control origination cording to its over the station was carried to be reported in control origination cording to its over the station of the	(1) stations carried e carriage of certa (e)(2) and (4))]; ar carried by your case Special Stateme both on a substitute, see page (v) of a program services er-the-air designaticulumn 1 (list each	and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a suble system on a substitute program ant and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- a stream separately; for example on for broadcasting over-the-air in	G Primary Transmitters: Television
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						ACCOUNTIL	NG PERIOD: 2021/1
LEGAL NAME OF OWN					SYST	10244	Name
NTS Communic						40344	
·	G, identify every	television sta	, -		and low power television stations)		C
FCC rules and regulati	ons in effect or .61(e)(2) and (4	June 24, 198 1), or 76.63 (r	81, permitting the eferring to 76.61	e carriage of certa	only on a part-time basis under in network programs [sections and (2) certain stations carried on a		G Primary Transmitters:
	tations: With r	espect to any	distant stations	carried by your ca	able system on a substitute program	1	Television
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each multicast stream	associated with	n a station acc	cording to its over	er-the-air designat	ion. For example, report multi- stream separately; for example		
	e. For example	, WRC is Cha	•		on for broadcasting over-the-air in may be different from the channel		
Column 3: Indicate educational station, by	in each case ventering the lecast), "E" (for no	whether the st tter "N" (for ne oncommercial	etwork), "N-M" (f l educational), o	or network multicar "E-M" (for nonco	pendent station, or a noncommercia st), "I" (for independent), "I-M" mmercial educational multicast).	al	
Column 4: If the sta	ation is outside ce area, see pa	the local servage (v) of the	vice area, (i.e. "d general instructi	listant"), enter "Ye ons located in the	s". If not, enter "No". For an ex-		
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Note: If you are utilizin	g multiple char		· · · · · · · · · · · · · · · · · · ·	•	channel line-up.		
			EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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	<u>                                     </u>						

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
NTS Communic	cations, LLC	;			40344	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
In General: In space (	identify even	talavision st	ation (including t	ranglator etations	and low power television stations)			
					d only on a part-time basis under	G		
					nin network programs [sections			
•				•	nd (2) certain stations carried on a	Primary		
substitute program bas	sis, as explaine	d in the next p	oaragraph.			Transmitters:		
				carried by your ca	able system on a substitute program	Television		
basis under specifc FC				- Ci-l Ct-t	and Drawnon Law if the			
• 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								
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								
	•				f the general instructions located			
in the paper SA3 fo		Ü		,	· ·			
Column 1: List each	h station's call	sign. Do not r	eport originatior	n program services	s such as HBO, ESPN, etc. Identify			
			-	_	tion. For example, report multi-			
	A-2". Simulcast	streams must	be reported in o	column 1 (list each	n stream separately; for example			
WETA-simulcast).	e channel numb	er the ECC h	as assigned to t	he television stati	on for broadcasting over-the-air in			
			J		may be different from the channel			
on which your cable sy	•				,			
Column 3: Indicate	in each case v	vhether the st	ation is a netwo	rk station, an inde	pendent station, or a noncommercial			
	•	,	,. ,		ast), "I" (for independent), "I-M"			
,	,		,.	,	mmercial educational multicast).			
For the meaning of the					ie paper SA3 form. s". If not, enter "No". For an ex-			
planation of local servi			•					
•		• ,	•		stating the basis on which your			
-			-	=	ering "LAC" if your cable system			
carried the distant stat	ion on a part-tir	ne basis beca	use of lack of a	ctivated channel c	capacity.			
					payment because it is the subject			
				•	tem or an association representing			
•			•	• .	y transmitter, enter the designa-			
` ',			•	•	ner basis, enter "O." For a further d in the paper SA3 form.			
					to which the station is licensed by the			
					which the station is identifed.			
Note: If you are utilizing								
		CHANN	EL LINE-UP	ΔN		<u> </u>		
	T	OHAIII	LE LINE-OI	All	1	1		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
	ļ	l			<u> </u>			
	1	<b> </b>	[·····	·	<b>†</b>	1		

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

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
NTS Communic	cations, LLC	í			40344	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Substitute Basis Subsis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the	G, identify every ystem during the ons in effect or .61(e)(2) and (4 sis, as explaine stations: With r CC rules, regula here in space only on a substand also in spaformation concrm.  h station's call associated with -2". Simulcast echannel numbers tem carried the in each case wentering the least), "E" (for no se terms, see page 1.00 sis, as a constant of the cast), "E" (for no se terms, see page 2.00 sis, as a constant of the cast), "E" (for no se terms, see page 2.00 sis, as a constant of the cast), "E" (for no se terms, see page 2.00 sis, as a constant of the cast), "E" (for no see terms, see page 2.00 sis, as a constant of the cast), "E" (for no see terms, see page 2.00 sis, as a constant of the cast).	r television standard tele	period, except (81, permitting the eferring to 76.61 baragraph. distant stations orizations: it in space I (the tion was carried ute basis station cording to its over be reported in coas assigned to the tion washing to its over the tion washing to its over the tion is a network of the tion is a	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case Special Statemed both on a substitute, see page (v) of a program services er-the-air designaticolumn 1 (list each the television staticington, D.C. This rack station, an independent of "E-M" (for nonconstions located in the	and low power television stations) If only on a part-time basis under In network programs [sections Ind (2) certain stations carried on a Ind (3) certain stations carried on a Ind (4) certain stations carried on a Ind (5) certain stations carried on a Ind (6) certain station on some other Ind (7) certain stations located Ind (8) certain stations	G Primary Transmitters: Television
planation of local servi- Column 5: If you had cable system carried the distant stating For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For stating the cable system and a tion "E" (exempt).	ce area, see pa ave entered "Ye ne distant static ion on a part-tir ion of a distant entered into or a primary transr simulcasts, also	age (v) of the open in column and during the and basis becand multicast street or before Jurnitter or an aspect of the column and before "E". If y	general instruction, you must compact counting perioduse of lack of any arm that is not some 30, 2009, bethe sociation repression carried the compact instruction.	ons located in the nplete column 5, so d. Indicate by entectivated channel cubject to a royalty tween a cable system on any other control on any other control on any other columns.	paper SA3 form. tating the basis on which your ering "LAC" if your cable system	
Column 6: Give the	e location of eac Canadian station	ch station. For ns, if any, give	r U.S. stations, I e the name of th	ist the community e community with	to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AO		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					,
LEGAL NAME OF OWNER OF CABLE	SYSTEM:			SYSTEM ID#	Name
NTS Communications, L	LC			40344	
PRIMARY TRANSMITTERS: TELEVI	SION				
basis under specifc FCC rules, reg • Do not list the station here in spa station was carried only on a st • List the station here, and also in basis. For further information c in the paper SA3 form.  Column 1: List each station's c each multicast stream associated cast stream as "WETA-2". Simulcast WETA-simulcast).	g the accounting t on June 24, 198 d (4), or 76.63 (n ined in the next p th respect to any pulations, or auth ce G—but do list abstitute basis. space I, if the stancerning substitute lall sign. Do not rewith a station accounts as the streams must sumber the FCC h	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: at it in space I (the tion was carried ute basis station eport origination cording to its over be reported in cas assigned to t	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case Special Statemes both on a substitution, see page (v) of a program services er-the-air designate column 1 (list each the television station	donly on a part-time basis under in network programs [sections and (2) certain stations carried on a lable system on a substitute program and and Program Log)—if the late basis and also on some other the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multistream separately; for example on for broadcasting over-the-air in	Primary Transmitters: Television
educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: If the station is outs planation of local service area, secolumn 5: If you have entered cable system carried the distant station on a part For the retransmission of a dist of a written agreement entered interest the cable system and a primary tration "E" (exempt). For simulcasts, explanation of these three categories	se whether the state letter "N" (for no reason noncommercial ee page (v) of the detected by the letter "Yes" in column attempts and multicast street on or before Junsmitter or an assalso enter "E". If gies, see page (v) each station, given attempts of the letter of th	etwork), "N-M" (fe educational), or e general instructive area, (i.e. "dgeneral instructive, you must comaccounting perior accounting perior am that is not some 30, 2009, between the conference of the general in the conference of the general instruction and the general	or network multicar "E-M" (for noncortions located in the istant"), enter "Yesons located in the inplete column 5, s.d. Indicate by entertivated channel or bubject to a royalty ween a cable systemating the primarchannel on any other instructions located ist the community with	mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designation the paper SA3 form. to which the station is licensed by the which the station is identifed.	
	• •	EL LINE-UP			
1. CALL 2. B'CAST SIGN CHANN NUMBE	3. TYPE EL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						T-
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
NTS Communic	cations, LLC	;			40344	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
PRIMARY TRANSMITTE In General: In space Carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement	RS: TELEVISIO G, identify every ystem during the one in effect or .61(e)(2) and (4 sis, as explaine etations: With r CC rules, regular here in space only on a substand also in space on etamol number. For example stem carried the in each case we entering the least), "E" (for no se terms, see pation is outside on on a part-tirion of a distant entered into or	n television state accounting a June 24, 198 at 19, or 76.63 (red in the next perspect to any tions, or auth G—but do list itute basis. ce I, if the state erning substitute basis. The state of the FCC has the station according to the station. The station according to the station whether the station. The station according (v) of the station according (v) of the station according (v) of the station according to the local serving (v) of the station according to the station or before June basis becamulticast street or or before June 24, 198 at 19	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations:  it in space I (the tion was carried ute basis station eport origination cording to its over be reported in coas assigned to tannel 4 in Washington is a network etwork), "N-M" (for educational), or egeneral instruction in the period in the education in the education is a network education is a network education is a network education is a network education is egeneral instruction ender the education is endeduced instruction in the education is an education in the educat	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case. Special Statement is both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television static ington, D.C. This interest or retwork multicate "E-M" (for nonconstitutions located in the plete column 5, see the plete column 5, see the column 5, see the column 1 (list each or network multicate "E-M"), enter "Yes ons located in the plete column 5, see the plete column 5, see the column 5, see the column 5, see the column 5 and lindicate by entere the plete to a royalty tween a cable systitute.	and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a suble system on a substitute program and and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- astream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing	G Primary Transmitters: Television
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	entered into or a primary transr simulcasts, also ree categories, e location of eac Canadian station	n or before Ju mitter or an as o enter "E". If y see page (v) ch station. Fo ns, if any, give	ne 30, 2009, bet ssociation repres you carried the c of the general in r U.S. stations, I e the name of th	tween a cable systemating the primary channel on any other instructions located ist the community with	tem or an association representing by transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. It which the station is licensed by the which the station is identifed.	
		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	

FORM SA3E. PAGE 3.						
NTS Communio					SYSTEM ID# 40344	Name
PRIMARY TRANSMITTE					70077	
In General: In space G	G, identify every	television sta	,		and low power television stations) I only on a part-time basis under	G
_				•	nd (2) certain stations carried on a	Primary
substitute program bas	. , . ,	, .	-	(e)(2) and (4))], an	id (2) certain stations carried on a	Transmitters:
				carried by your ca	able system on a substitute program	Television
<ul> <li>basis under specifc FC</li> <li>Do not list the station station was carried</li> </ul>	here in space	G—but do list		e Special Stateme	ent and Program Log)—if the	
List the station here, basis. For further in in the paper SA3 fo	and also in spa formation conc rm.	ice I, if the sta erning substit	ute basis statior	ns, see page (v) of	the general instructions located	
		-			s such as HBO, ESPN, etc. Identify ion. For example, report multi-	
			•	•	stream separately; for example	
WETA-simulcast).		th - FOO h				
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy	•					
					pendent station, or a noncommercial	
-	-	•	, ,		est), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of the	se terms, see p	page (v) of the	e general instruc	tions located in th	e paper SA3 form.	
Column 4: If the standard planation of local servi			•	,	s". If not, enter "No". For an ex-	
•		• ,	•		tating the basis on which your	
cable system carried th	ne distant statio	on during the	accounting perio	d. Indicate by ente	ering "LAC" if your cable system	
carried the distant stati	•				. ,	
					payment because it is the subject tem or an association representing	
_				•	y transmitter, enter the designa-	
` ',			•	•	ner basis, enter "O." For a further	
					d in the paper SA3 form. to which the station is licensed by the	
				-	which the station is identifed.	
Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate s	space G for each	channel line-up.	
	1	CHANN	EL LINE-UP	AR		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
					<u> </u>	
					<del> </del>	
					ļ	
					<del> </del>	
		Ī		I	į	

FORM SA3E. PAGE  LEGAL NAME OF C	OWNER OF CABLE SY	STEM:			SYSTEM ID#	
NTS Commu	inications, LLC	;			40344	Name
PRIMARY TRANSMI	TTERS: TELEVISIO	N				
carried by your cab FCC rules and regu 76.59(d)(2) and (4) substitute program Substitute Basi basis under specife Do not list the star station was carr List the station he basis. For further in the paper SA: Column 1: List each multicast strecast stream as "WE WETA-simulcast). Column 2: Give its community of lic on which your cable Column 3: Indice educational station (for independent m For the meaning of Column 4: If the planation of local ser Column 5: If you cable system carried carried the distant of For the retransm of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give	ce G, identify every le system during the lations in effect or 76.61(e)(2) and (4) basis, as explaine is Stations: With respective to the system during it in the FCC rules, regulation here in space ied only on a substance, and also in space information concest of the station's call am associated with ETA-2". Simulcast is the channel numbers of the system carried the cate in each case we be explained to the system carried the cate in each case we have entered "Ye are the distant stations of a distant tent entered into or and a primary transfor simulcasts, also the location of each the location of each cate or each size of the location of each cate or simulcasts, also the location of each cate or each cate or each categories, at the location of each categories, at the location	r television starte accounting in June 24, 194, or 76.63 (in d in the next prespect to any attions, or auth G—but do list titute basis. In the starter in a station acceptable station. In the station acceptable station acceptable station. In the station acceptable station acceptable station. In the station acceptable station in column acceptable station acceptable station. In the station is seen page (v) of the station in the station. For the station is seen page (v) of station. For the station is seen page (v) of station.	period, except of permitting the eferring to 76.61 paragraph. I distant stations orizations: It it in space I (the lition was carried ute basis station eport origination coording to its own be reported in or as assigned to the lition is a network of educational), one general instructive area, (i.e. "dispensed in the lition is a network of a same that is not some 30, 2009, be association repression carried the coordinations, I are the lition is a network of the general instruction accounting period assembly the lition is a network of the sociation repression carried the coordination of the general in true.	(1) stations carried be carriage of certa (e)(2) and (4))]; a carried by your carried by on a substitute, see page (v) or a program services er-the-air designal column 1 (list each the television statington, D.C. This rk station, an indefor network multicar "E-M" (for noncoctions located in the instant"), enter "Ye ions located in the instant"), enter "Ye ions located in the cut of the carried channel of the primarchannel on any otton structions locate list the community is a carried to a royalty tween a cable system on any otton structions locate list the community	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are util	izing multiple chan	• •	•	•	channel line-up.	
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						NG PERIOD: 2021/.
LEGAL NAME OF OWN					SYSTEM ID# 40344	Name
NTS Communic	•				40344	
carried by your cable s	G, identify every system during th	television state	period, except (	(1) stations carried	and low power television stations) I only on a part-time basis under	G
76.59(d)(2) and (4), 76 substitute program bas	5.61(e)(2) and (4 sis, as explaine	1), or 76.63 (red in the next p	eferring to 76.61 paragraph.	(e)(2) and (4))]; a	nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc FC</li><li>Do not list the station station was carried</li></ul>	here in space	G—but do list		e Special Stateme	ent and Program Log)—if the	
basis. For further in in the paper SA3 fo	formation conc rm.	erning substit	ute basis statior	ns, see page (v) of	ute basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify	
each multicast stream	associated with	a station acc	cording to its over	er-the-air designat	ion. For example, report multi- a stream separately; for example	
	se. For example	, WRC is Cha	•		on for broadcasting over-the-air in may be different from the channel	
Column 3: Indicate educational station, by (for independent multion For the meaning of the	e in each case we entering the le cast), "E" (for no ese terms, see p	whether the st tter "N" (for ne oncommercial page (v) of the	etwork), "N-M" (f l educational), o e general instruc	or network multica r "E-M" (for nonco ctions located in th	• •	
planation of local servi Column 5: If you ha	ce area, see pa ave entered "Ye he distant statio	ige (v) of the es" in column on during the a	general instructi 4, you must con accounting perio	ons located in the nplete column 5, s od. Indicate by ent	tating 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 or before Ju	eam that is not s ne 30, 2009, bet	ubject to a royalty tween a cable sys	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 eac 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 list the community se community with	ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizati	ng malapic chan		EL LINE-UP	•	Sharmer inte-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	
	HOMBER	017111011		(ii Biotain)		

FORM SA3E. PAGE 3.						ING PERIOD: 2021/.
LEGAL NAME OF OWN					SYSTEM ID# 40344	Name
NTS Communic	•				40344	
carried by your cable s	G, identify every system during th	television state	period, except (	(1) stations carried	and low power television stations) d only on a part-time basis under nin network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	5.61(e)(2) and (4 sis, as explaine	1), or 76.63 (red in the next p	eferring to 76.61 paragraph.	(e)(2) and (4))]; and	nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc FC</li><li>Do not list the station station was carried</li></ul>	here in space	G—but do list		e Special Stateme	ent and Program Log)—if the	
basis. For further in in the paper SA3 fo	formation conc rm.	erning substit	ute basis statior	ns, see page (v) of	ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify	
each multicast stream cast stream as "WETA WETA-simulcast).	associated with a-2". Simulcast :	n a station acc streams must	cording to its over be reported in c	er-the-air designat column 1 (list each	ion. For example, report multi- n stream separately; for example	
	se. For example	, WRC is Cha	•		on for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multion For the meaning of the	entering the le cast), "E" (for no ese terms, see p	tter "N" (for ne oncommercial page (v) of the	etwork), "N-M" (f l educational), o e general instruc	or network multicar "E-M" (for nonco ctions located in th	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local servi Column 5: If you ha	ce area, see pa ave entered "Ye he distant statio	age (v) of the es" in column on during the a	general instructi 4, you must con accounting perio	ons located in the plete column 5, sold. Indicate by enter	paper SA3 form. tating the basis on which your ering "LAC" if your cable system	
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	entered into or a primary transr simulcasts, also aree categories, e location of eac	n or before Ju mitter or an as o enter "E". If y see page (v) ch station. Fo	ne 30, 2009, being sociation repressive carried the coordinate of the general in the coordinate.	tween a cable syssenting the primar channel on any oth instructions located ist the community	payment because it is the subject tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form.  to which the station is licensed by the	
Note: If you are utilizing		inel line-ups,	use a separate s	space G for each	which the station is identifed. channel line-up.	
	1	CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID# 40344	Name
NTS Communic					40344	
·	G, identify every	television sta	,		and low power television stations) I only on a part-time basis under	G
		-			in network programs [sections	
. , . , . , ,	. , . ,	, .	-	(e)(2) and (4))]; ar	nd (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S	-			carried by your ca	able system on a substitute program	Transmitters: Television
basis under specifc FC						10.0010.0.1
<ul> <li>Do not list the station station was carried</li> </ul>	-		t it in space I (th	e Special Stateme	ent and Program Log)—if the	
List the station here, basis. For further in in the paper SA3 fo	and also in spa formation conc rm.	ice I, if the sta erning substit	ute basis statior	ns, see page (v) of	ute basis and also on some other the general instructions located	
		-			s such as HBO, ESPN, etc. Identify ion. For example, report multi-	
			•	•	stream separately; for example	
WETA-simulcast).						
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy	•		ailliei 4 III Wasii	ington, D.C. This i	hay be different from the chairle	
					pendent station, or a noncommercial	
-	-	•	, ,		est), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of the	,		,.	•	,	
Column 4: If the sta	ation is outside	the local serv	vice area, (i.e. "d	listant"), enter "Ye	s". If not, enter "No". For an ex-	
planation of local servi		• ,	•		paper SA3 form. tating the basis on which your	
·-			-		ering "LAC" if your cable system	
carried the distant stati	•				. ,	
					payment because it is the subject tem or an association representing	
_				•	y transmitter, enter the designa-	
•			•	•	ner basis, enter "O." For a further	
					d in the paper SA3 form. to which the station is licensed by the	
				-	which the station is identifed.	
Note: If you are utilizin				-		
	ı	CHANN	EL LINE-UP	AV		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
					<del> </del>	
		ļ			<b> </b>	
					<u> </u>	
					<u> </u>	
		Ī		I	į	

FORM SA3E. PAGE 3.						ACCOUNTIL	NG PERIOD: 2021/1
LEGAL NAME OF OWN					SYST	TEM ID#	Name
NTS Communio	•					40344	
In General: In space 0			ation (including t	ranslator stations	and low power television stations)		
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect or 6.61(e)(2) and (4 sis, as explaine	ne accounting n June 24, 198 4), or 76.63 (n d in the next p	period, except ( 31, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa (e)(2) and (4))]; an	I only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program	n	Primary Transmitters: Television
basis under specifc FC • Do not list the station station was carried	CC rules, regula here in space only on a subst	itions, or auth G—but do list titute basis.	orizations: t it in space I (the	e Special Stateme	nt and Program Log)—if the		
basis. For further in in the paper SA3 fo <b>Column 1:</b> List eac	formation conc rm. h station's call	erning substit sign. Do not r	ute basis statior eport origination	ns, see page (v) of program services	the general instructions located such as HBO, ESPN, etc. Identify		
cast stream as "WETA WETA-simulcast).	2". Simulcast	streams must	be reported in o	column 1 (list each	ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in		
on which your cable sy Column 3: Indicate	stem carried the in each case v	e station. whether the st	ation is a netwo	rk station, an inde	may be different from the channel	al	
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex-							
· ·	ave entered "Ye ne distant statio	es" in column on during the	4, you must con	nplete column 5, s od. Indicate by ento	tating the basis on which your ering "LAC" if your cable system		
For the retransmiss of a written agreement the cable system and a	ion of a distant entered into or a primary transı	multicast stre n or before Ju mitter or an as	eam that is not s ne 30, 2009, bet ssociation repres	ubject to a royalty tween a cable sys senting the primar	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	see page (v) ch station. Fo	of the general in U.S. stations, I	nstructions located ist the community	er basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by t which the station is identifed.	the	
Note: If you are utilizin	g multiple char	nel line-ups,	use a separate s	space G for each	channel line-up.		
	1	CHANN	EL LINE-UP	AW			
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		
	-			,			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 40344 NTS Communications, LLC 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

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

TORWI SASE, TAGE 3.						ACCOUNTING	11 EMOD. 2021/1		
NTS Communications		EM:				8YSTEM ID# 40344	Name		
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOC	)			_		
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations	. For a further	Substitute		
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:		
During the accounting per broadcast by a distant state	•	ır cable system	carry, on a substitute bas	is, any nonne	etwork television progra		Special Statement and Program Log		
<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	PROGRA	MS							
In General: List each subs				wherever po	ssible, if their meaning	s			
clear. If you need more spa			al pages. ision program (substitute p	rogram) that	during the accounting				
period, was broadcast by a						ation			
under certain FCC rules, re						r			
SA3 form for futher informatitles, for example, "I Love I	ition. Do no .ucv" or "NF	ot use general ( RA Baskethall:	categories like "movies", ol 76ers vs. Bulls "	"basketball"	. List specific program				
			r "Yes." Otherwise enter "N	lo."					
	•		sting the substitute progra						
the case of Mexican or Car			ne community to which the community with which the						
Column 5: Give the mor	nth and day		tem carried the substitute			nth			
first. Example: for May 7 giv		aubatituta pro	gram was sarried by your	aabla ayatam	List the times accurate	alv.			
to the nearest five minutes.			gram was carried by your or ed by a system from 6:01:			÷i y			
stated as "6:00-6:30 p.m."					•				
to delete under FCC rules a			was substituted for progra			ed			
gram was substituted for pr									
effect on October 19, 1976					-				
				WHI	EN SUBSTITUTE				
S	UBSTITUT	E PROGRAM		CARR	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>								
	<del> </del>								
					_				
					_				
	<del> </del>								
ļ	<del> </del>								
					_				
					_				

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6.

	LEGAL NAME OF	OWNER OF CABLE	: QVQTEM:							S	YSTEM ID#
Name		unications, L								Ū	40344
	PART-TIME CA	ARRIAGE LOG									
Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.  Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.  Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."  State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."  You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.—  DATES AND HOURS OF PART-TIME CARRIAGE										
			DA	TES	AND HOURS	OF F	PART-TIME CAR	RIAGE			
		WHEN	N CARRIAGE O	CCU	IRRED			WHEN	N CARRIAGE OC	CUE	RRED
	CALL SIGN		Н	OUF	RS		CALL SIGN	HOURS			
		DATE	FROM		ТО			DATE	FROM		ТО
									-		
										=-	
				-=-						=	
										=	
										=-	
										<mark>-</mark>	
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				_							
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				_							
				_							

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:  S Communications, LLC  4	M ID# 10344 Name
Inst all a (as i	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see e (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	K Gross Receipts
IMP	during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.  \$ 553,937.  (Amount of gross receipts)	.00
• Con • Con • If yo fee t • If yo acco	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. In system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. In system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule ompanying this form and attach the schedule to your statement of account.  In art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of	<b>L</b> Copyright Royalty Fee
bloc	ck 3 below.  art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block	
3 be	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line	
	block 4 below.  MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at	
1	least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the 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.	.00
	This is your minimum fee. \$ 5,893.	.89
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and complete line 1, block 4.	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero \$830.	.28_
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	.00_
	Line 3. Add lines 1 and 2 and enter here \$ 830.	.28
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  \$ 5,893.	.89 Cable systems
		3.00 submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	deposits under Section 111(d)(7 should contact the Licensing
	Line 4. FILING FEE	.00 additional fees Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #	additional 1665
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	NTS Communications, LLC	40344
	The seminance   1	
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	Enter the total number of channels on which the cable	29
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	
	and nonbroadcast services	231
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
Individual to	we can contact about this statement of account.)	
Be Contacted		
for Further	Name Robin Davidson Telephone 573-481	-2763
Information		
	O40 C Main Ouite 400	
	Address 912 S. Main, Suite 106 (Number, street, rural route, apartment, or suite number)	
	Sikeston, MO 63801 (City, town, state, zip)	
	(4.7), 2, 2, 2,	
	Email robin.davidson@vexusfiber.com Fax (optional)	
	OFFICIATION /This statement of second models and simple in second models of the second models	
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corneration or nerthership) I am the owner of the coble system as identified in line 1 of chase P: or	
	(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 ide in line 1 of space B and that the owner is not a corporation or partnership; or	ntified
	(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 cab	le 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)]	
	[16 0.3.C., Section 1001(1900)]	
	V John Lawren M. Changer	
	/s/ James M. Gleason	
	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	
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settin	gs.
	Typed or printed name: /s/James M. Gleason	
	Typed of printed fidule. Torodiffed Int. Oleddolf	
	Title: Chief Executive 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 OWNE	ER OF CAE	BLE SYSTEM:			SYSTEM ID#	Nama
NTS Communic	ations	, LLC			40344	Name
The Satellite Hon lowing sentence: "In determ service of	me Viewond in the second in th	NT CONCERNING GROSS I er Act of 1988 amended Title 17, so e total number of subscribers and t ng secondary transmissions of prim unts collected from subscribers reco	ection the gro ary br	111(d)(1)(A), of the Copyrionss amounts paid to the calcoadcast transmitters, the sy	ole system for the basic ystem shall not include sub-	Special Statement Concerning
For more information paper SA3 form.		when to exclude these amounts, se	ee the	note on page (vii) of the ge	eneral instructions in the	Gross Receipts Exclusion
		riod did the cable system exclude a to satellite dish owners?	any an	nounts of gross receipts for	secondary transmissions	
X NO						
YES. Enter the	the total l	here and list the satellite carrier(s) b	below.			
Name Mailing Address				Name Mailing Address		
INTEREST AS		_	.41-			
•		vorksheet for those royalty paymen erest assessment, see page (viii) of				Q
Line 1 Enter the	e amoun	t of late payment or underpayment			x	Interest Assessment
Line 2 Multiply li	line 1 by	the interest rate* and enter the sun	n here	<b>;</b>	-	
					xdays	
Line 3 Multiply li	line 2 by	the number of days late and enter	the su	ım here	-	
					x 0.00274	
	•	0.00274** enter here and on line 3 , (page 7)			\$ -	
	space L,	, (page 1)			(interest charge)	
		rate chart click on www.copyright.g			or further assistance please	
** This is the	decimal	equivalent of 1/365, which is the in	nterest	assessment for one day la	te.	
· ·	-	is worksheet covering a statement of er, address, first community served		•		
Owner						
Address						
First community	served					
Accounting perio	od					
ID number						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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.

**ACCOUNTING PERIOD: 2021/1** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

1 1	LEGAL NAME OF OWNER OF CABLE				s	YSTEM ID#					
•	NTS Communications, L	LC				40344					
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	•			0.75						
Computation	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). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Stations	KTTZ.1	0.250	OALL SIGN	DOL	CALL SIGN	DOL					
	KTTZ.2	0.250									
	KTTZ.3	0.250									
Add rows as											
necessary.											
Remember to copy all											
formula into new											
rows.											
		<u> </u>		<b></b>							
				<b></b>							
				<b></b>		<b></b>					

	 P	p	<del> </del>	

Name		OWNER OF CABLE SYSTEM: Inications, LLC					S	40344
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all distants: For each station, give the correspond with the information of the correspond with the information of the color of	ne number of he mation given in ne total number imn 2 by the fig nal point. This istation, give the fumn 4 by the fi	ours your cable syster space J. Calculate or of hours that the stati ure in column 3, and g s the "basis of carriage" "type-value" as "1.0."	n carried the station on DSE for each on broadcast over give the result in de value" for the star For each network give the result in	on during the accounting ach station.  r the air during the accoulecimals in column 4. This	nting period. If figure must ational station,	
Capacity		(	CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	-	-	E
			÷		=	x	=	
			÷ ÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷ ÷		=	x x	=	
Computation of DSEs for Substitute-Basis Stations	tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							
		Sl	JBSTITUTE:	BASIS STATION	IS: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=		+		=
		-		=		+		=
		-		=				=
		4	-	=		4	-	=
	Add the DSEs	GOF SUBSTITUTE-BASIS of each station. Im here and in line 3 of pa	S STATIONS:	edule,		0.00	]	=
5		ER OF DSEs: Give the ames applicable to your system		poxes in parts 2, 3, and	4 of this schedule	and add them to provide t	he total	
Total Number	1. Number	of DSEs from part 2 ●				<b>&gt;</b>	0.75	
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>	0.00	
	3. Number	of DSEs from part 4 ●				<b>-</b>	0.00	
	TOTAL NUMBE	R OF DSEs						0.75

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

LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					S	YSTEM ID# 40344	Name
Instructions: Bloo	ck A must be comp	leted.							
n block A: If your answer if	"Yes," leave the re	mainder of pa	rt 6 and part 7	of the DSE schedu	ıle blank and	complete part	8, (page 16) of the		6
schedule.  If your answer if	"No," complete blo	cks B and C b	elow.						
•	•		BLOCK A:	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24,	1981?		•	er markets as defin			C rules and regula	tions in	001
	plete part 8 of the solete blocks B and (		NOT COMP	LETE THE REMAIN	IDER OF PA	RT 6 AND 7.			
X No—Comp	DIELE DIOCKS D'AITU								
		BLOC	CK B: CARF	RIAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	FCC rules and re	gulations prio e DSE Sched	to June 25, 1 ule. (Note: Th	part 2, 3, and 4 of th 1981. For further ex e letter M below refe Act of 2010.)	planation of p	permitted station	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica	les and regula ed pursuant to on as defined al educational	tions cited be the FCC mar in 76.5(kk) (76 station [76.59	sis on which you can low pertain to those ket quota rules [76. 6.59(d)(1), 76.61(e), (c), 76.61(d), 76.63 aph regarding subs	e in effect on 557, 76.59(b), (1), 76.63(a) (3(a) referring	June 24, 1981. 76.61(b)(c), 76 referring to 76.0 to 76.61(d)]	.63(a) referring to		
	instructions for E Carried pursua *F A station prev	r DSE schedu ant to individua viously carried HF station wit	le). al waiver of F( on a part-tim hin grade-B c	CC rules (76.7) e or substitute basis ontour, [76.59(d)(5)	s prior to Jun	e 25, 1981			
Column 3:		stations iden	tified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	· of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KTTZ.1 KTTZ.2	C M	0.25 0.25							
KTTZ.3	M	0.25							
					<u> </u>	Н		0.75	
		F	I OCK C: C(	OMPUTATION OF	3 75 FFF				
ine 1: Enter the	total number of I				0.70122				
ine 2: Enter the	sum of permitted	d DSEs from	block B abo	ve					
				of DSEs subject to 7 of this schedule)		ate.			
ine 4: Enter gro	ss receipts from	space K (pa	ge 7)					77.	Do any of the DSEs represen
ine 5: Multiply li	ine 4 by 0.0375 a	nd enter sun	n here				x 0.03	010	partially permited/
c o. Multiply II	по тыу 0.0010 а	na cilier sull					х		partially nonpermitted carriage?
ine 6: Enter tota	al number of DSE	s from line 3							If yes, see part 9 instructions.
ine 7: Multiply li	ine 6 by line 5 and	d enter here	and on line 2	, block 3, space L	_ (page 7)			0.00	

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

	OWNER OF CABLES	JTOTEWI.						YSTEM ID# 40344		
			( A: TELEVI	SION MARKETS	(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	
									0.707.00	

**ACCOUNTING PERIOD: 2021/1** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NTS Communications, LLC 40344 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSF **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** 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 . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-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 nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: NTS Communications, LLC	SYSTEM ID# 40344	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	553,937.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.		
	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 DSI	E	
	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)		
	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 DSI 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)	E	
	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:  NTS Communications, LLC	STEM ID# 40344
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here.  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	40344
		Syndicated Exclusivity Surcharge	<u></u>
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions:  ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below it.  is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers broaded 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	
	_	rour cable system retransmit the signals of any partially distant television stations during the accounting period?	
	<u> </u>	Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7)	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.).	
	Section 3	If the figure in section 2 is <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)	
		Base Rate Fee	0.00

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  NTS Communications, LLC	SYSTEM ID# 40344	Name
Section 4 If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
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		Buse Nate Fee
D. Enter 0.00330 of gross receipts (the amount in section 1)  * \$		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
F. Multiply line D by line E and enter here <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	
<b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multi Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your bareceipts from subscribers located within the station's local service area, from your system's total gross receipts exclusion, you must:		Computation of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that a station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your s	Determine the number of rate fee for each group.	and Syndicated Exclusivity Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations  Step 1: For each community served, determine the local service area of each wholly distant and each partially carried to that community.	distant station you	for Partially Permitted Stations
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribe outside the station's local service area. A subscriber located outside the local service area of a station is distant the same token, the station is distant to the subscriber.)		
<b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they a subscriber group must consist entirely of subscribers who are distant to exactly the same complement of statio system will have only one subscriber group when the distant stations it carried have local service areas that co	ns. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each or groups.	of your system's subscriber	
In each section:		
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is c subscribers in the group.</li> </ul>	listant to all of the	
<ul> <li>If:</li> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you do this schedule; or,</li> </ul>	ou gave it in parts 2, 3, and	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you part 6 of this schedule.	gave it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
<ul> <li>Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the in the paper SA3 form.</li> </ul>	e general instructions	
<ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this sched page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscribe DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You actual calculations on the form.</li> </ul>	er group (that is, the total	

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

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 40344 **NTS Communications, LLC** 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.

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LEGAL NAME OF OWNE							40344	Name
-		COMPUTATION O		TE FEES FOR EA				
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	Sub Gr	oup 1		COMMUNITY/ ARE	A Sub Gro	up 2		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				KTTZ.1	0.25			Base Rate F
	•••			KTTZ.2	0.25			and
	····		···	KTTZ.3	0.25			Syndicate
	···		<del></del>	10112.0	0.20		······	Exclusivit
			····				······	
			<del></del>					Surcharge
							······	for
							······	Partially
								Distant
								Stations
otal DSEs	•	<del>'</del>	0.00	Total DSEs	-	<u>-</u>	0.75	
Olai DSES			0.00	Total DSES			0.73	
Bross Receipts First G	roup	\$ 449	9,891.67	Gross Receipts Se	cond Group	\$	104,045.33	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Se	cond Group	\$	830.28	
	THIRD	SUBSCRIBER GROU	JP	1	FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
			<u></u>					
otal DSEs			0.00	Total DSEs			0.00	
Proce Bossinto This I C	Practing.	•	0.00	Cross December 5	urth Cro	•	0.00	
Gross Receipts Third G	oroup	\$	0.00	Gross Receipts Fo	urur Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fo	urth Group	\$	0.00	
		e fees for each subsci	riber group a	s shown in the boxes	above.		920.20	
Enter here and in block	3, line 1, s	pace L (page 7)				\$	830.28	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  NTS Communications, LLC  40344									
BI OCK A. C	:OMPLITATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	SER GROUP					
	SUBSCRIBER GROU				SUBSCRIBER GROU	P	_			
MMUNITY/ AREA		0	COMMUNITY/ AREA			0	9			
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of			
ALL SIGIT DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	CALL GIGIN	DOL	Base Rate F			
							and			
							Syndicate			
							Exclusivit			
							Surcharge			
							for			
							Partially			
							Distant			
							Stations			
<u> </u>										
				<b></b>						
				<del></del>						
				<del> </del>						
al DSEs		0.00	Total DSEs			0.00				
oss Receipts First Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00				
se Rate Fee First Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00				
SEVENTH S	SUBSCRIBER GROU	P		EIGHTH	SUBSCRIBER GROU	P				
MMUNITY/ AREA		0	COMMUNITY/ AREA							
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
				<u></u>						
		ı								
					-					
al DSEs		0.00	Total DSEs			0.00				
al DSEs		0.00	Total DSEs			0.00				
<del>-</del>	\$	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  NTS Communications, LLC  40344									
	BI OCK V	COMPLITATION (	DE BASE D	ATE FEES FOR EAC	H SHBSCE	RER GROUP			
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate F	
								and	
								Syndicate	
								Exclusivit	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
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			·····						
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otal DSEs			0.00	Total DSEs			0.00		
ross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
ase Rate Fee First C	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	ELEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	SUBSCRIBER GROU	JP		
OMMUNITY/ AREA			0	COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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			····			<u> </u>	······		
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			····						
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						<del>-</del>			
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
oco Poto For This !	Crous		0.00	Page Pate Fee F	rth Crave		0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ш Огоир	\$	0.00		
Base Rate Fee: Add t			criber group a	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  NTS Communications, LLC  40344									
	BI OCK V	COMPLITATION (	DE BASE PA	TE FEES FOR EAC	H SURSCEI	RER GROUP			
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
ONEE CICIT	562	O/ALL SIGIT	DOL	O/ LEE STOTA	562	CALL SIGIT	562	Base Rate F	
								and	
								Syndicate	
								Exclusivit	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
						<u> </u>			
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
		SUBSCRIPED ODG	NID		CIVTEENTII	SUBSCRIPED COOL	ID		
OMMUNITY/ AREA	-IF I E E IN I II	SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GROU	0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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		<u> </u>	····						
		H							
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
and Data Eng Thinds	Group		0.00	Base Rate Fee Fou	th Group		0.00		
Base Rate Fee Third		\$	0.00	Dase Nate Fee Foul	шт Стоир	\$	0.00		
Base Rate Fee: Add t Enter here and in bloc			criber group a	s shown in the boxes	above.	\$			

LEGAL NAME OF OWN NTS Communica						\$	40344	Name
				TE FEES FOR EAC				
	ENTEENTH	SUBSCRIBER GRO		i i		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
								and Symdiagted
						-		Syndicated Exclusivity
						-		Surcharge
								for
						<del>                                     </del>		Partially
						<del> </del>		Distant Stations
						<u>                                     </u>		
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
1	VINTEENTH	SUBSCRIBER GRO	)UP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<del> </del>		
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			····			<del> </del>		
			·····			<del> </del>		
						-		
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  NTS Communications, LLC  40344									
RI	OCK A.	COMPUTATION OF	BASE RA	TE FEES FOR EACH	LSUBSCRI	BER GROUP			
		SUBSCRIBER GROU		П		SUBSCRIBER GROU	P		
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
O' LEE GIGIT	DOL	ON LEE GIGIT	BOL	CALL GIGIT	DOL	O/ ILL SIGIT	562	Base Rate F	
								and	
								Syndicate	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
otal DSEs			0.00	Total DSEs		-	0.00		
ross Receipts First Grou	ıp	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
<b>ase Rate Fee</b> First Groւ	ıp	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
TWENTY	/-THIRD	SUBSCRIBER GROU	JP	TWENT	Y-FOURTH	SUBSCRIBER GROU	P		
OMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
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otal DSEs			0.00	Total DSEs			0.00		
			0.00	Total DSEs					
otal DSEs	up	\$	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	0.00		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  NTS Communications, LLC  40344									
RI C	OCK A· (	COMPLITATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP				
		SUBSCRIBER GROU		TI .		SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9		
CALL SIGN [	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL GIGIN	JOL	CALL GIGIN	DOL	CALL DIGIT	DOL	OALL SIGN	DOL	Base Rate F		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
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								Partially		
								Distant		
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	L									
otal DSEs	,		0.00	Total DSEs		-	0.00			
ross Receipts First Group		\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
ase Rate Fee First Group	)	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
TWENTY-SEV	/ENTH S	SUBSCRIBER GROU	Р	TWEN	TY-EIGHTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN [	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
					···					
otal DSEs	<u> </u>		0.00	Total DSEs			0.00			
Gross Receipts Third Grou	p	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
	· .				•					

LEGAL NAME OF OWN NTS Communica						5	40344	Name
			DE BASE DA	TE FEES FOR EAC	H GLIBGUDI	RED CDOLID		
TWE		SUBSCRIBER GRO		 		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL CICIT	DOL	O/ LE OIOIV	BOL	O/ LE OIOIV	DOL	ONEE GIGIT	DOL	Base Rate F
		<u> </u>				-		and
			••••					Syndicate
	••••		••••					Exclusivit
								Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	·				·			
ase Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IRTY-FIRST	SUBSCRIBER GRO	DUP	THIF	RTY-SECOND	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
	•	_						
Fross Receipts Third	Group	\$	0.00	Gross Receipts Four	πn Group	\$	0.00	
Name	0			B B.( 5 5				
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	ın Group	\$	0.00	
				Ш				
			criber group a	as shown in the boxes	above.			
nter here and in bloc	k 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNER NTS Communication						S	40344	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
THIR	TY-THIRD	SUBSCRIBER GRO	UP	THIF	RTY-FOURTH	SUBSCRIBER GROU	IP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						.		Syndicated
								Exclusivity Surcharge
			····					for
			···			·		Partially
							•••••	Distant
								Stations
Total DSEs			0.00	Total DSEs		1	0.00	
		•	0.00		and Craun	•	0.00	
Gross Receipts First Gr	oup	<u>*</u>	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GRO	UP	Т	HIRTY-SIXTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
			····			.		
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e <b>base rate</b> 3, line 1, s	e fees for each subsc pace L (page 7)	criber group a	as shown in the boxes	above.	\$		

40344 Name						R OF CABLE <b>ons, LLC</b>	NTS Communication
	DED ODOLID	OLIDOOD.	TE FEEC FOR 540''	- DAOE DA			
OLIP	BER GROUP SUBSCRIBER GROUF		TE FEES FOR EACH		SUBSCRIBER GROU		
0 9			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe	OALL GIGIN	DOL	CALL SIGIV	DOL	CALL SIGIV	DOL	CALL GIGIN
and							
Syndicated							
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0.00		<u> </u>	Total DCCs	0.00			Total DSTa
			Total DSEs	0.00			otal DSEs
0.00	\$	l Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
OUP	SUBSCRIBER GROUP	FORTIETH		IP	SUBSCRIBER GROU	TY-NINTH	THIR
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00			Total DSEs	0.00			otal DSEs
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
0.00	_		•				
<u>0.00</u>							

NTS Communica						5	40344	Name
FC		COMPUTATION C SUBSCRIBER GRC		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
						<u> </u>		Partially
						<del>                                     </del>		Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
C. 000 1 1000 p. 0 1 1101	О. С.Б	<u>*</u>		o o o o o o o o o o o o o o o o o o o	ona Oroap	<u>·</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO	0 0			SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA				COMMUNITY/ ARE/	*			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	•	0.00	Gross Receipts Fou	rth Group	\$	0.00	
TOTO TRECEIPES TIME	Эгоар	\$	0.00	Oross Receipts Fou	ai Gioup	*	<u> </u>	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

	s, LLC	SYSTEM:				3	40344	Name
DI C			E DACE DA	ATE FEES FOR EACH	SI IBSODI	RED CROUP		
		SUBSCRIBER GROU		П		SUBSCRIBER GROU	IP	
DMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN [	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
		0.122						Base Rate F
								and
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						_		Partially
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tal DSEs			0.00	Total DSEs		-	0.00	
oss Receipts First Group	)	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
ase Rate Fee First Group	)	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FORTY-SE\	/ENTH	SUBSCRIBER GROL	JP	FOR	TY-EIGHTH	SUBSCRIBER GROU	IP	
DMMUNITY/ AREA								
OWNING TEA AKEA			0	COMMUNITY/ AREA			0	
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN			DSE	CALL SIGN		
	DSE	CALL SIGN			DSE	CALL SIGN		
	DSE	CALL SIGN			DSE	CALL SIGN		
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	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN [		CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	

LEGAL NAME OF OWNE  NTS Communicat						5	40344	Name
			DE BASE DA	ATE FEES FOR EAC	H SHBSCEI	RER GROUD		
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
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								Exclusivity
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otal DSEs		Ш	0.00	Total DSEs		! !	0.00	
ross Receipts First G	iroup	<u> </u>	0.00	Gross Receipts Seco	ond Group	\$	0.00	
					<b>-</b>	·		
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FI	FTY-FIRST	SUBSCRIBER GRO	UP	FIF	TY-SECOND	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u>                                     </u>	·····			<u> </u>		
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otal DSEs		Ш	0.00	Total DSEs		Ш	0.00	
iross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Gross Receipts Third (  Base Rate Fee Third (  Base Rate Fee: Add the third for third for the third for third fo	Group ne <b>base rat</b>	\$ e fees for each subs	0.00		th Group			

NAME OF OWNER OF Communications,
BLOC
FIFTY-TI
MUNITY/ AREA
L SIGN DS
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Receipts First Group
r totospio i mot otoup
Rate Fee First Group
FIFTY-F
MUNITY/ AREA
L SIGN DS
DSEs
Receipts Third Group
Rate Fee Third Group

		40344 Name
BLOCK A: COMPUTATION OF BASE RATE	EEES EOD EACH SLIBSCOIRED CROLL	
FIFTY-SEVENTH SUBSCRIBER GROUP	FIFTY-EIGHTH SUBSCRIBE	
	MMUNITY/ AREA	0 9
CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE CALL SIG	Computation DSE of
532 57.225.51	37.22 37.3	Base Rate I
		and
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		Surcharg
		for
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	+	
otal DSEs	al DSEs	0.00
Gross Receipts First Group \$ 0.00	oss Receipts Second Group \$	0.00
sase Rate Fee First Group § 0.00	se Rate Fee Second Group \$	0.00
FIFTY-NINTH SUBSCRIBER GROUP	SIXTIETH SUBSCRIBE	R GROUP
COMMUNITY/ AREA 0 C	MMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE CALL SIG	SN DSE
	+	
otal DSEs 0.00 To	al DSEs	0.00
	oss Receipts Fourth Group \$	0.00
	Ψ	
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LEGAL NAME OF OW NTS Communic						5	40344	Name
		COMPUTATION C SUBSCRIBER GRC		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
						<del>                                     </del>		Distant Stations
Total DSEs		Ш	0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First	Group	<u> </u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
C. 600 . 1000.ptd	. С. С. Б			o o o o o o o o o o o o o o o o o o o	ona Oroap	<u>·</u>		
Base Rate Fee First	-	\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO	0 0			SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA	*			COMMUNITY/ ARE/	*			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<del> </del>		
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						<del>                                     </del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	\$		

NTS Communication		SYSTEM:				S	40344	Name
			DACE D	TE FEES FOR EAC	LI GLIBOODII	BED CDOUD		
		SUBSCRIBER GROU		П		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ILL GIGIY	DOL	OALL GIGIN	DOL	O'NEE GIGIT	BOL	O/ LE OIOI4	BOL	Base Rate F
							•••••	and
								Syndicate
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								Partially
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			ļ					
	J		<u> </u>					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	р	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First Grou	p	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIXTY-SE	VENTH	SUBSCRIBER GROU	Р	SI	XTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		SUBSCRIBER GROUP  0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						H		
					····	···		
otal DSEs			0.00	Total DSEs			0.00	
otal DSEs Gross Receipts Third Grou	ıb	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	

LEGAL NAME OF OWNE NTS Communicat						S	YSTEM ID# 40344	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
SIX	CTY-NINTH	SUBSCRIBER GRO	UP		SEVENTIETH	SUBSCRIBER GROU	IP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						.		Syndicated
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			···					for
	···		···			·		Partially
								Distant
								Stations
	<del></del>							
Total DSEs		Ш	0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVE	NTY-FIRST	SUBSCRIBER GRO	UP	SEVEN	ITY-SECONE	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	ne <b>base rat</b> o 3, line 1, s	e fees for each subso pace L (page 7)	riber group a	as shown in the boxes	above.	\$		

	3YSTEM ID# 40344	J				;	R OF CABLE	NTS Communicati
		BER GROUD	SLIBSCDI	TE FEES FOR EACH	F RASE DA	COMPLITATION O	SI UCK V·	
	JP	SUBSCRIBER GROU				SUBSCRIBER GRO		
. 1	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
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	0.00			Total DSEs	0.00			otal DSEs
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•								
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	<b>ase Rate Fee</b> First Gr
	JP	SUBSCRIBER GROU	NTY-SIXTH	SEVE	JP	SUBSCRIBER GRO	NTY-FIFTH	SEVEN
	_			COMMUNITY/ADEA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA				
. <u> </u>	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
_ 		CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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		CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE		DSE	CALL SIGN	DSE	
	DSE	CALL SIGN		CALL SIGN		CALL SIGN		CALL SIGN  Cotal DSEs  Gross Receipts Third G

NTS Communica						5	40344	Name
SEVENT		COMPUTATION O		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
			····					Syndicated
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·····					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

	A: COMPUTATION ( ST SUBSCRIBER GRO		EIGH		BER GROUP SUBSCRIBER GROU	JP	
EIGHTY-FIR COMMUNITY/ AREA	ST SUBSCRIBER GRO	OUP	EIGH			JP	
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otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group \$ 0.00			Gross Receipts Seco	Gross Receipts Second Group \$ 0.00			
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHTY-THII	RD SUBSCRIBER GRO	DUP	EIGH	ITY-FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs		0.00	Total DSEs	•		0.00	
iross Receipts Third Group	¢	0.00	Gross Receipts Four	th Group	¢	0.00	
iross izeceibis Tillia Aloab	\$	0.00	Joines Receipts Four	ur Group	\$	0.00	
ase Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

	, LLC	SYSTEM:				S	40344	Name
DI O			E BASE D	ATE FEES FOR EACH		RED CDOLID		
		SUBSCRIBER GROU		11		SUBSCRIBER GROU	IP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Commutatio
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
ONEE CICIT E		OVER SIGH	BOL	O/ LEE OIO! Y	DOL	O/ IEE OIGIT	562	Base Rate F
								and
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group		\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
ase Rate Fee First Group		\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIGHTY-SEV	FNTH :	SUBSCRIBER GROU	JP	FIGH	TY-FIGHTH	SUBSCRIBER GROU	IP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		1						
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otal DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs			0.00	
otal DSEs		\$	0.00	Total DSEs Gross Receipts Fourth	a Group	\$		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba	LEGAL NAME OF OWNE NTS Communicat						\$	40344	Name
EIGHTY-NINTH SUBSCRIBER GROUP				DE BASE DA	TE FEES FOD EAC	H SHBSCEI	RER GROUD		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SE S					TE FEES FOR EAC			JP	
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Base   Signature	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
Fotal DSEs  OLOD  NINETY-FIRST SUBSCRIBER GROUP  NINETY-FIRST SUBSCRIBER GROUP  CALL SIGN  DSE  COMMUNITY AREA  OLO  COMMU	O/ LEE GIGIT	BOL	O/ALL SIGIV	DOL	OF ILL STOTA	DOL	O/ LEE GIGIT	562	Base Rate F
Total DSEs  O.00 Sase Rate Fee First Group  NINETY-FIRST SUBSCRIBER GROUP  CALL SIGN  DSE  CAL									and
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otal DSEs  OND  NINETY-FIRST SUBSCRIBER GROUP  NINETY-SECOND SUBSCRIBER GROUP  ONMUNITY AREA  O  CALL SIGN  DSE  CALL SIGN  DS									Exclusivity
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Tross Receipts First Group  S  O.00  Base Rate Fee First Group  S  O.00  Base Rate Fee Second Group  S  O.00  NINETY-FIRST SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  DSE									Stations
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Gross Receipts First Group  ase Rate Fee First Group  NINETY-FIRST SUBSCRIBER GROUP  OMMUNITY/ AREA  OCALL SIGN  DSE  CALL SIG							-		
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Gross Receipts First Group  South State Rate Fee Second									
Asse Rate Fee First Group    S	otal DSEs			0.00	Total DSEs			0.00	
NINETY-FIRST SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  D	ross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
NINETY-FIRST SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  D								7	
OMMUNITY/ AREA 0 COMMUNITY/ AREA 0  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	<b>ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN	NINI	ETY-FIRST	SUBSCRIBER GRO	)UP	NINE	TY-SECOND	SUBSCRIBER GROU	JP	
otal DSEs  Outal D	OMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
Gross Receipts Third Group  Stross Receipts Fourth Group  Gross Receipts Fourth Group  Stross Receipts Fourth Group  Stross Receipts Fourth Group	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	otal DSEs			0.00	Total DSEs			0.00	
	rees Dessints Third (	Oracin.	•	0.00	Cross Bassints Fau	th Craun	•	0.00	
sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	noss Necelhis IIIII (	νιοαρ	4	0.00	Gross Receipts Four	ші Стоир	<u> </u>	0.00	
Dase Nate Fee Fourth Group 5 0.00	Raso Rato Foo Third (	- Froup	•	0.00	Rasa Pata Foo Four	th Group	¢	0.00	
	Juse Nate Fee Hill (	Sioup	4	0.00	Dase Nate Fee Foul	ит Отоир	•	0.00	
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NTS Communica						\$	40344	Name
NII		COMPUTATION C		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated Exclusivity
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								Distant
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Total DSEs	ļ.		0.00	Total DSEs			0.00	
Gross Receipts First	Gross Receipts First Group \$ 0.00		Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NI	NETY-FIFTH	SUBSCRIBER GRO	)UP	N	IINETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	\$		

)344 Name							LEGAL NAME OF OWNER NTS Communication
	DED ODOLID	CLIDCODI	TE EEEO EOD EAOU	DACE DA			
	SUBSCRIBER GROUP		TE FEES FOR EACH		SUBSCRIBER GROU		
0 9			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	CALL SIGN DS	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and	-						
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.00	\$ 0.0	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
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.00	0.0		Total DSEs	0.00			otal DSEs
	\$ 0.0	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
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Name	YSTEM ID# 40344	S'						LEGAL NAME OF OWNER
		RER GROUD	SUBSCOIL	TE FEES FOR EACH	BASE DA			
	P	SUBSCRIBER GROUI				SUBSCRIBER GRO		
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	P	SUBSCRIBER GROUI	FOURTH	ONE HUNDREI	IP	SUBSCRIBER GRO	ED THIRD	ONE HUNDRE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
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	YSTEM ID# 40344	S						LEGAL NAME OF OWNE NTS Communicati
	- 1	BER GROUD	SI IBSCDII	TE FEES FOR EACH	E RASE DA			
	IP.	SUBSCRIBER GROU				SUBSCRIBER GRO		
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	Р	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					·			
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs

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Computati	ID	DEK GKUUP	っしゅうじK目	TE EEEC FOD E VOU		COMPLITATION	OLOCK A	-
Computati	וי	SUBSCRIBER GROUI		TE FEES FOR EACH ONE HUNDR		SUBSCRIBER GRO		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								0
and								
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Surcharg for					<mark></mark>			
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Stations								
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_	0.00	\$	d Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	ase Rate Fee First Gr
	JP	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GRO	LEVENTH	ONE HUNDRED E
) 	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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_	0.00			Total DSEs	0.00			otal DSEs
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
ן ד	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

LEGAL NAME OF OWN NTS Communica						5	40344	Name
ONE HUNDRED TH		COMPUTATION C SUBSCRIBER GRO		ONE HUNDRED F		BER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
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								Exclusivity
								Surcharge for
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								Distant Stations
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						<u>                                     </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		ii e		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	us shown in the boxes	above.	\$		

LEGAL NAME OF OWNE						SI	STEM ID# 40344	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED EIG	GHTEENTH	SUBSCRIBER GROUP	)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u> </u>	0.00	Gross Receipts Secon	nd Group	\$	0.00	
	,				,			
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	NTEENTH	SUBSCRIBER GROU		Ti .	WENTIETH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		+						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  NTS Communications, LLC  40344							Name	
ONE HI INDDED TO		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA		- GOBGONIBEN GNOOT	0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
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								Stations
Total DSEs	0		0.00	Total DSEs	10		0.00	
Gross Receipts First	Group	<u>\$</u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROUP	0	11		SUBSCRIBER GROUP	0	
COMMUNITY/ AREA				COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add	the <b>base rat</b>	e fees for each subso	criber group a	as shown in the boxes	above.			
Enter here and in blo						\$		

	40344			TE FEES FOR EACH				NTS Communicati
		SUBSCRIBER GROUP				SUBSCRIBER GROUP		
9	0	- COBCONIDENT ONCO	ENTT-OIXTIT	COMMUNITY/ AREA	0	ODDONIDEN GROOT		COMMUNITY/ AREA
Computati	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN
and		<del>                                     </del>			···			
Syndicate	••••		<b></b>		···		···	
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	0.00 O	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TWEN  COMMUNITY/ AREA  CALL SIGN	0.00 DSE	\$ SUBSCRIBER GROUP	Y-SEVENTH	NE HUNDRED TWENTY COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED TWEN  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	Y-SEVENTH	NE HUNDRED TWENTY COMMUNITY/ AREA CALL SIGN
	0.00 O	\$ SUBSCRIBER GROUP	DSE	Base Rate Fee Secon  ONE HUNDRED TWEN  COMMUNITY/ AREA  CALL SIGN	0.00 DSE	\$ SUBSCRIBER GROUP	Y-SEVENTH  DSE	Sase Rate Fee First Grown Fee First Grown WE HUNDRED TWENTY COMMUNITY AREA  CALL SIGN  Total DSEs  Gross Receipts Third Gross Receipts

LEGAL NAME OF OWN						\$	40344	Name
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ONE LUMBRES TO				TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		SUBSCRIBER GROUP	0	9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs		II.	0.00	Total DSEs		Ц	0.00	
Gross Receipts First	Group	<b>\$</b>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TH	IRTY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	ın Group	\$	0.00	
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sase Rate Fee: Add inter here and in blo			criber group a	as shown in the boxes	above.	\$		
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LEGAL NAME OF OWNER OF CABLE SYSTEM:  NTS Communications, LLC  40344							Name	
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	HIRTY-THIRD	SUBSCRIBER GROUP		Ħ		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add	the <b>base rate</b>	e fees for each subsc	riber group a	as shown in the boxes	above.			
Enter here and in bloc						\$		

LEGAL NAME OF OWNE  NTS Communicat						S	40344	Name
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ONE HUNDRED THIRT				ATE FEES FOR EACH		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TH	IRTY-NINTH	SUBSCRIBER GROUP	)	ONE HUNDRE	D FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
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Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
ase Rate Fee: Add thater here and in block			riber group a	II as shown in the boxes a	above.	\$		

NTS Communica						S	40344	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs		I.I.	0.00	Total DSEs		Н	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			iber group a	II	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  NTS Communications, LLC  40344							Name	
			F BASE RA	ATE FEES FOR EAC				
		SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs		<u> </u>	0.00	Total DSEs		Ц	0.00	
Gross Receipts First	Group	<u> </u>	0.00	Gross Receipts Seco	and Group	\$	0.00	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	ORTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			iber group a	II	above.	\$		

NTS Communica						S	40344	Name
ONE HUNDRED FO		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs		Ц	0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
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Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO	UP <b>0</b>			SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA			U	COMMUNITY/ AREA	·			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN NTS Communica						5	40344	Name
ONE HUNDRED F		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
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								Exclusivity Surcharge
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	τη Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes	above.	\$		

Name	40344							
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9	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FIF	0	SUBSCRIBER GROUF	-SEVENTH	ONE HUNDRED FIFTY COMMUNITY/ AREA
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	0.00	\$ SUBSCRIBER GROUP	d Group	ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FILE COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FILE COMMUNITY/ AREA
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	0.00  0.00  DSE	\$ SUBSCRIBER GROUP	d Group	ONE HUNDRE COMMUNITY/ AREA  CALL SIGN	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED FII COMMUNITY/ AREA CALL SIGN
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LEGAL NAME OF OWNER OF CABLE SYSTEM:  NTS Communications, LLC  40344								Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECON	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	Sub Gr	oup 1		COMMUNITY/ AREA	Sub Gr	oup 2		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 44	9,891.67	Gross Receipts Secon	d Group	\$	104,045.33	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	II IP		FOLIRTI	H SUBSCRIBER GRO	NI IP	
COMMUNITY/ AREA	HIND	COBCONIBEN CINC	0	COMMUNITY/ AREA	1001111	T GODGONIDEN GIVE	0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
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			criber group a	as shown in the boxes ab	oove.	•	0.00	
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0 9 Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations		IBER GROUP I SUBSCRIBER GROU		TE FEES FOR EACH	F BASE RA	COMPUTATION C	BI OCK A:	
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LEGAL NAME OF OWNER NTS Communication						S	40344	Name
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Name	6YSTEM ID# 40344					<u> </u>	R OF CABLE	NTS Communicati
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ase Rate Fee: Add	the base rat	e fees for each subs	criber group a	as shown in the boxes	above.			
nter here and in blo			group c	J III ale boxes		\$		

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FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NTS Communications, LLC 40344 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. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** Third Group . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NTS Communications, LLC 40344 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. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NTS Communications, LLC 40344 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. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** Third Group . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NTS Communications, LLC 40344 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. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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C	Cable Worksheet	
Cable ID#		
Examined by	Reviewed by	

Cable Worksheet	Total amount of remittance	Number of SAs r	ec'd Initials			
		Date of remittance	Check □EFT	☐FILING FEES		
Cable ID #				Amount Initials		
Examined by	Reviewed by	Date examination completed	Allocation number			
Space A Accounting	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)					
Period	□ Letter sent □ Information received					
	□Accepted	d □Phone call/Date/Contact				
Space B Owner						
	Letter sent		Information received			
	□Accepted	С	Phone call/Date/Contact			
Space D Area Served						
	Letter sent	☐ Information received				
	□Accepted	Г	Phone call/Date/Contact			
Space E Secondary Transission						
Service Subscribers:	□ Letter sent □ Information received					
and Rates	□Accepted	Accepted Phone call/Date/Contact				
Space G Primary Transmitters:						
Television	☐Letter sent	]	Information received			
	□Accepted	[	Phone call/Date/Contact			
Space H Primary Transmitters:						
Radio	□Accepted	[	Phone call/Date/Contact			

Space I Substitute

		Carriage
	☐Information received	
Accepted	☐Phone call/Date/Contact	
□Letter sent	☐ Information received	Space J Part-time Carriage Log (SA3 only)
	☐Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐Information received	
☐ Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐Royalty Fee should be	Refund request to fiscal	
☐ Letter sent	☐ Information received	
□Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
☐ Letter sent	☐Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	