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					
9-7-21	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2021/1			
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account covering the entire accounts. If not, enter the system's ID in the conduction of the system's ID in the conduction of the cable system. If not, enter the system's ID in the cable system. If the owner is a rate title of the owner of the cable system. If the owner is a rate title of the owner is	as of the cable syste on the last day of th unting period.	m. e accounting period should su	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CMN-RUS, INC.			
				06263420211
				062634 2021/1
	8837 BOND STREET OVERLAND PARK, KS 66214			
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			
System	1 IDENTIFICATION OF CABLE SYSTEM:	ine system, ii uine	Tent nom the address given	Тіп зрасе В.
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D Area	Instructions: For complete space D instructions, see page 1b. Identify with all communities.	only the frst comm	nunity served below and reli	st on page 1b
Served	CITY OR TOWN	STATE		
First	GREENCASTLE	IN		
Community	Below is a sample for reporting communities if you report multiple cha			T
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A	SUB GRP#
Sample	Alliance	MD	B	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.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062634 CMN-RUS, INC. 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. **CH LINE UP** SUB GRP# CITY OR TOWN STATE **GREENCASTLE** IN AA 1 **First SEYMOUR** IN AB 2 Community **VINCENNES** IN AC 3 **NORTH VERNON** IN AB 2 **MADISON** IN **AD** 4 WABASH IN ΑE 5 See instructions for **NORTH MANCHESTER** IN AF 6 additional information on alphabetization. 7 **HUNTINGTON** IN AG 8 CONNERSVILLE IN AH **NEW CASTLE** IN ΑI 9 IN 10 LENBANON AJ Add rows as necessary. IN **FRANKLIN** AK 11 LAFAYETTE IN 12 AL **CRAWFORDSVILLE** IN AM 13 WESTFIELD IN AN 14 **GREENWOOD** IN AK 11 **PLAINFIELD** IL 15 AO **BLOOMINGTON** IL AΡ 16 **FISHERS** IN 14 AN **OSWEGO** IL AQ 17 IL **ROMEOVILLE** AO 15 IL 18 **BATAVIA** AR IL **NORTH AURORA** 18 AR **SOUTH ELGIN** IL 18 **AR** ST CHARLES IL **AR** 18 **SUGAR GROVE** IL AR 18 **GENEVA** IL AR 18 **DEKALB** IL 19 AS 19 **SYCAMORE** IL AS **LEXINGTON** ΚY ΑT 20 **SOUTH INDIANAPOLIS** IN AN 14 **PLANO** IL AQ 17 YORKVILLE IL 17 AQ 17 **SANDWICH** IL AQ IA DAVENPORT AU 21 **ROCHESTER** ΜN 22 ΑV **BETTENDORF** IΑ ΑU 21

KY

AT

20

VERSAILLES

RICHMOND	KY	AT	20
IICHOLASVILLE	KY	AT	20
MES	IA	AW	23
NGLEWOOD	ОН	AX	24
CLAYTON	ОН	AX	24
IPP CITY	OH	AX	24
ROY	OH	AX	24
INION	ОН	AX	24
'ANDALIA	ОН	AX	24
VEST MILTON	ОН	AX	24
ANSING	MI	AY	25
AST LANSING	MI	AY	25
ALLAHASSEE	FL	AZ	26
LBERT LEA	MN	BA	27
USTIN	MN	BA	27
BELLE PLAINE	MN	BA	27
BLOOMINGTON	MN	BA	27
ARIBAULT	MN	BA	27
AKEVILLE	MN	BA	27
IANKATO	MN	BA	27
IORTHFIELD	MN	BA	27
)WATONNA	MN	BA	27
OCHESTER	MN	BA	27
HAKOPEE	MN	BA	27
VACONIA	MN	BA	27
VASECA	MN	ВА	27

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 	43,589	\$ 10.00	Lifeline Service	-	\$	10.00
 Service to additional set(s) 			Preferred Digital	13,551	\$	18.95
 FM radio (if separate rate) 			HD Elite	1,003	\$	6.95
Motel, hotel			HD Standard Service	19,197	\$	9.95
Commercial	900	\$ 10.00	HD Preferred Service	11,682	\$	9.95
Converter			Residential HD/DVR	24,628	\$	16.95
Residential	16,657	\$ 4.95	Commercial HD/DVR	62	\$	16.95
Non-residential	1,359	\$ 4.95				

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					
 Pay cable—add'l channel 		Commercial					
Fire protection		Pay cable					
•Burglar protection		 Pay cable-add'l channel 					
Installation: Residential		Fire protection			İ		
• First set		 Burglar protection 					
 Additional set(s) 		Other services:					
• FM radio (if separate rate)		Reconnect	\$	35.00			
Converter		Disconnect					
		Outlet relocation	\$	80.00			
		 Move to new address 	\$	29.95			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CARRIAGE SIGN **CHANNEL** OF (Yes or No) NUMBER STATION (If Distant) **WCLJ** 42 ı No Bloomington, Indiana WHMB 20 No ı Indianapolis, Indiana See instructions for WHMB-World Har 40.2 I-M No Indianapolis, Indiana additional information n alphabetization. WISH 9 No Indianapolis, Indiana I WISH-HD/DT (sim 8.1 I-M No Indianapolis, Indiana WISH-getTV 8.2 I-M No Indianapolis, Indiana **WISH-Justice** 8.3 I-M No Indianapolis, Indiana **WNDY** 32 ı No Marion, Indiana WNDY-HD/DT (Sin 23.1 No Marion, Indiana I-M WNDY-Bounce TV 23.2 I-M No Marion, Indiana **WRTV** Ν 25 No Indianapolis, Indiana WRTV-HD/DT (Sin 6.1 N-M No Indianapolis, Indiana **WRTV-Grit** 6.2 I-M No Indianapolis, Indiana WRTV-Laff 6.3 I-M No Indianapolis, Indiana **WTHR** 13 Ν No Indianapolis, Indiana WTHR-HD/DT (Sin N-M Indianapolis, Indiana 13.1 No WTHR-Cozi TV 13.2 I-M No Indianapolis, Indiana WTHR-Me-TV 13.3 I-M No Indianapolis, Indiana

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA (2) 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WIPX** 27 No Bloomington, Indiana I WIPX-HD/DT (Sim No 63.1 I-M Bloomington, Indiana See instructions for WIPX-Qubo 63.2 I-M No Bloomington, Indiana additional information n alphabetization. **WIPX-Ion Life** 63.3 I-M No Bloomington, Indiana WTIU 14 Ε No Bloomington, Indiana WTIU-HD/DT (Sim 30.1 E-M No Bloomington, Indiana WTTV 48 Ν No Bloomington, Indiana WTTV-HD/DT (Sim 4.1 N-M No Bloomington, Indiana WTTV - CW 4.2 I-M No Bloomington, Indiana WXIN 45 ı No Indianapolis, Indiana WXIN-HD/DT (Sim I-M Indianapolis, Indiana 59.1 No WXIN-Antenna TV No 59.2 I-M Indianapolis, Indiana **WXIN-This TV** I-M Indianapolis, Indiana 59.3 No

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	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sin	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce TV	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	ı	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WDRB	49	ı	No		Louisville, Kentucky
WDRB-HD/DT (Sir	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Sin	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WISH	9	ı	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sin	32.1	N-M	No		Louisville, Kentucky

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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.

CHANNEL LINE-UP AB (2)								
		CHANN	EL LINE-UP	AD (2)				
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			
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky			
WMYO	51	I	No		Salem, Indiana			
WMYO-HD/DT (Sir	58.1	I-M	No		Salem, Indiana			
WRTV	25	N	No		Indianapolis, Indiana			
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana			
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana			
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana			
WTHR	13	N	No		Indianapolis, Indiana			
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana			
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana			
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana			
WTIU	14	Е	No		Bloomington, Indiana			
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana			
WTTV	48	N	No		Bloomington, Indiana			
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana			
WTTV - CW	4.2	I-M	No		Bloomington, Indiana			
WBNA	8	ı	No		Louisville, Kentucky			

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

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CHANNEL LINE-UP 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				
WAWV	39	N	No		Terre Haute Indiana				
WAWV-HD/DT (Si	39.1	N-M	No		Terre Haute Indiana				
WTHI-CBS	10	N	No		Terre Haute Indiana				
WTHI-HD/DT (Sim	10.1	N-M	No		Terre Haute Indiana				
WTHI-My Fox	10.2	ı	No		Terre Haute Indiana				
WTVW	28	I	No		Evansville, Indiana				
WTVW-HD/DT (Sir	7.1	I-M	No		Evansville, Indiana				
WTWO	36	N	No		Terre Haute Indiana				
WTWO-HD/DT (sir	36.1	N-M	No		Terre Haute Indiana				
WVUT	22	E	No		Vincennes, Indiana				
WVUT-HD/DT (Sin	22.1	E-M	No		Vincennes, Indiana				

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sin	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce TV	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	I	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WBNA	8	I	No		Louisville, Kentucky
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Sir	9.1	N-M	No		Cincinnati, Ohio
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Sir	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Sin	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sin	32.1	N-M	No		Louisville, Kentucky
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CMN-RUS, INC.	062634	Name
DIMARY TRANSMITTERS TELEVISION		

PRIMARY TRANSMITTERS: TELEVISION

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 identifed.

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

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		CHANN	EL LINE-UP	AD (2)	
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
WLWT	35	N	No		Cincinnati, Ohio
WLWT-HD/DT (Sir	5.1	N-M	No		Cincinnati, Ohio
WKPC	17	E	No		Lexington, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
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G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sin	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T\	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Sir	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	E	No		Fort Wayne, Indiana
WFYI	21	E	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	E	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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.
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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

		CHANN	EL LINE-UP	AE (2)	
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
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

		CHANN	EL LINE-UP	AF	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sin	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T\	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Sir	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	E	No		Fort Wayne, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sim	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
	21.3	I-M	No		Fort Wayne, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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- 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	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
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sin	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T\	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Sir	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	E	No		Fort Wayne, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sim	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
	21.3	I-M	No		Fort Wayne, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Sir	9.1	N-M	No		Cincinnati, Ohio
WFYI	21	E	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	Е	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLWT	35	N	No		Cincinnati, Ohio

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AH (2)	
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
WLWT-HD/DT (Sir	5.1	N-M	No		Cincinnati, Ohio
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sin	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

FURINI SAJE. PAGE 3.						
CMN-RUS, INC		'STEM:			SYSTEM ID# 062634	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during the system during the system during the system of the syst	ne accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except (81, permitting the eferring to 76.61 paragraph.	(1) stations carrie e carriage of certa l(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections ind (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
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		CHANN	EL LINE-UP	AH (3)		
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	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	

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.

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

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

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		CHANN	EL LINE-UP	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
WCLJ	42	I	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	No		Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana
WIPB-Create	49.2	E-M	No		Muncie, Indiana
WIPB - Weather	49.3	I-M	No		Muncie, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-lon Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AI (2)	
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
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sin	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

LEGAL NAME OF OWN	ER OF CARLE SV	'STEM:			SYSTEM ID#	
CMN-RUS, INC.		STEW.			062634	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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 (4.61) as explaine	ne accounting n June 24, 199 4), or 76.63 (r 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))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
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Note: If you are utilizin	g multiple char		·	•	channel line-up.	
	T	CHANN	EL LINE-UP	Al (3)		
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	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

					'
		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sin	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ (2)	
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
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB - Weather	49.3	I-M	Yes	0	Muncie, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WCLJ	42	I	No		Bloomington, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

LEGAL NAME OF OWN	ED OE CARLE SV	'STEM:			SYSTEM ID#	
CMN-RUS, INC		STEWI.			062634	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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 (4.61), 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))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
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Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate s	space G for each	channel line-up.	
	ı	CHANN	EL LINE-UP	AJ (3)		
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	

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AK	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WTIU	14	Е	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	ı	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

	CHANN	EL LINE-UP	AK (2)	
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
40.2	I-M	No		Indianapolis, Indiana
45	I	No		Indianapolis, Indiana
59.1	I-M	No		Indianapolis, Indiana
59.2	I-M	No		Indianapolis, Indiana
59.3	I-M	No		Indianapolis, Indiana
13	N	No		Indianapolis, Indiana
13.1	N-M	No		Indianapolis, Indiana
13.2	I-M	No		Indianapolis, Indiana
13.3	I-M	No		Indianapolis, Indiana
27	I	No		Bloomington, Indiana
63.1	I-M	No		Bloomington, Indiana
63.2	I-M	No		Bloomington, Indiana
63.3	I-M	No		Bloomington, Indiana
21	Е	No		Indianapolis, Indiana
20.1	E-M	No		Indianapolis, Indiana
20.2	E-M	No		Indianapolis, Indiana
20.3	E-M	No		Indianapolis, Indiana
	CHANNEL NUMBER 40.2 45 59.1 59.2 59.3 13 13.1 13.2 13.3 27 63.1 63.2 63.3 21 20.1 20.2	2. B'CAST CHANNEL NUMBER STATION 40.2 I-M 45 I 59.1 I-M 59.2 I-M 59.3 I-M 13 N 13.1 N-M 13.2 I-M 13.3 I-M 27 I 63.1 I-M 63.2 I-M 63.3 I-M 21 E 20.1 E-M 20.2 E-M	2. B'CAST CHANNEL NUMBER STATION STATION 40.2 I-M NO 45 I NO 59.1 I-M NO 59.2 I-M NO 13.1 N-M NO 13.1 N-M NO 13.2 I-M NO 13.3 I-M NO 13.3 I-M NO 63.1 I-M NO 63.1 I-M NO 63.2 I-M NO 63.3 I-M NO 21 E NO 20.1 E-M NO 20.2 E-M NO	CHANNEL NUMBER OF STATION (Yes or No) CARRIAGE (If Distant) 40.2 I-M No 45 I No 59.1 I-M No 59.2 I-M No 59.3 I-M No 13 N No 13.1 N-M No 13.2 I-M No 13.3 I-M No 27 I No 63.1 I-M No 63.2 I-M No 63.3 I-M No 21 E No 20.1 E-M No

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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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
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sin	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	Е	Muncie, Indiana
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB-Weather	49.3	E-M	Yes	0	Muncie, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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.

•	•		•	•						
CHANNEL LINE-UP AL (2)										
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					
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana					
VTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana					
VLFI	11	N	No		West Layfatyette, Indiana					
WLFI-HD/DT (Sim	18.1	N-M	No		West Layfatyette, Indiana					
VLFI-GetTV	18.2	I-M	No		West Layfatyette, Indiana					
VFYI	21	E	No		Indianapolis, Indiana					
VFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana					
VFYI-Kids	20.2	E-M	No		Indianapolis, Indiana					
VFYI-Create	20.3	E-M	No		Indianapolis, Indiana					
VPBI-LD	16.1	I	No		Lafayette, Indiana					
VISH	9	I	No		Indianapolis, Indiana					
VISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana					
VISH-getTV	8.2	I-M	No		Indianapolis, Indiana					
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana					

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AM	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	ı	No		Marion, Indiana
WNDY-HD/DT (Sin	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WISH	9	ı	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	ı	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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.

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

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

		CHANN	AM (2)		
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
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
		1			

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

		CHANN	EL LINE-UP	AN	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	ı	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AN (2)										
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					
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana					
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana					
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana					
WTHR	13	N	No		Indianapolis, Indiana					
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana					
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana					
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana					
WIPX	27	I	No		Bloomington, Indiana					
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana					
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana					
WIPX-lon Life	63.3	I-M	No		Bloomington, Indiana					
WFYI	21	Е	No		Indianapolis, Indiana					
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana					
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana					
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana					
WIPB	23	Е	No		Muncie, Indiana					
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana					
WIPB-Create	49.2	E-M	No		Muncie, Indiana					

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					21/2	
CMN-RUS, INC		STEM:			SYSTEM ID# 062634	Name
•)N			002004	
carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute program ba Substitute Program ba Substitute specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List each multicast stream cast stream as "WETA wETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify every system during the itions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a subsum and also in spanformation concern. The station's call associated with A-2". Simulcast e channel numbers, For example system carried the in each case of a case of the cast, "E" (for nease terms, see particular tentered "Ye he distant station on a part-till sion of a distant tentered into on a primary trans simulcasts, also ree categories e location of each Canadian station.	y television started accounting in June 24, 194, or 76.63 (in d in the next prespect to any ations, or auth G—but do list titute basis. In the started in the started in the started in control of the station. Whether the station. Whether the station. Whether the station accommercial page (v) of the station in column on during the same basis becard in the station or before Junitter or an associated in the station. The station is seen the station. The station is seen the station. The station is seen the station is seen the station. The seen page (v) of the seen in or before Junitter or an associated in the station. The seen page (v) children is seen page (v) chil	period, except (B1, permitting the eferring to 76.61 paragraph. In distant stations orizations: at it in space I (the attion was carried that basis station report origination coording to its own be reported in compart of the attion is a network attional), one general instructive area, (i.e. "digeneral instruction accounting period attional attional attional attional attional accounting period attional attional accounting period attional attional attional accounting period attional attional accounting period accounting period attional attional accounting period attional attional accounting period accountin	(1) stations carried e carriage of certa (e)(2) and (4))]; at a carried by your carried by on a substitute, see page (v) of a program services er-the-air designate column 1 (list each carried by a carried	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
			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	
WIPB - Weather	49.3	I-M	No		Muncie, Indiana	

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.

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

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

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CHANNEL LINE-UP AO										
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois					
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois					
WBBM	12	N	No		Chicago, Illinois					
WBBM-HD/DT (Sii	2.1	N-M	No		Chicago, Illinois					
WLS	44	N	No		Chicago, Illinois					
WLS-HD/DT (Simι	7.1	N-M	No		Chicago, Illinois					
WPWR-CW	51	I	No		Gary, Indiana					
WPWR-Movies!	50.2	I-M	No		Gary, Indiana					
WPWR-Buzzr	50.4	I-M	No		Gary, Indiana					
WCPX-HD/DT	38.1	I	No		Chicago, Illinois					
WFLD-HD/DT	32.1	I	No		Chicago, Illinois					
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana					
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana					
WYIN-NHK World	56.2	E-M	No		Gary, Indiana					

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AP		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WILL	9	E	No		Urbana, Illinois	
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois	
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois	
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois	
WMBD	30	N	No		Bloomington, Illinois	
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois	
WAOE	39	I	No		Bloomington, Illinois	
WYZZ	28	I	No		Bloomington, Illinois	
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois	
WTVP	46	E	No		Peoria, Illinois	
WTVP-Create/Wo	47.3	E-M	No		Peoria, Illinois	

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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		CHANN	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
WILL	9	E	No		Urbana, Illinois
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois
WMBD	30	N	No		Bloomington, Illinois
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois
WAOE	39	I	No		Bloomington, Illinois
WYZZ	28	I	No		Bloomington, Illinois
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois
WTVP	46	E	No		Peoria, Illinois
WTVP-Create/Wo	47.3	E-M	No		Peoria, Illinois

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AR	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana
WYIN-NHK World	56.2	E-M	No		Gary, Indiana
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois
WBBM-Decades	2.2	I-M	No		Chicago, Illinois
WLS-HD/DT (Simi	7.1	N-M	No		Chicago, Illinois
WLS-LivWell	7.2	I-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WTTW-HD/DT	11.1	E	No		Chicago, Illinois
WSNS-HD/DT	44.1	I-M	No		Chicago, Illinois
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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		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
WYIN-HD/DT	56.1	Е-М	No		Gary, Indiana
WYIN-NHK World	56.2	E-M	No		Gary, Indiana
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois
WBBM-Decades	2.2	I-M	No		Chicago, Illinois
WLS-HD/DT (Simu	7.1	N-M	No		Chicago, Illinois
WLS-LivWell	7.2	I-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois
WFLD-Buzzr	32.4	I-M	No		Chicago, Illinois
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois
WFLD-Buzzr	32.4	I-M	No		Chicago, Illinois

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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Column 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.

Note: It you are unitarily manapie originals upo, use a separate space of or each original area.							
		CHANN	EL LINE-UP	AT			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WKLE-HD/DT	46	Е	No		Lexington, Kentucky		
WDKY-HD/DT	56.1	I	No		Danville, KY		
WDKY-Comet	56.2	I-M	No		Danville, KY		
WDKY-Charge!	56.3	I-M	No		Danville, KY		
WDKY-TBD	56.4	I-M	No		Danville, KY		
WKYT-HD/DT	27.1	N	No		Lexington, Kentucky		
WKYT-CW	27.2	I-M	No		Lexington, Kentucky		
WKYT-Local Rada	27.3	I-M	No		Lexington, Kentucky		
WLEX-HD/DT	18.1	N	No		Lexington, Kentucky		
WLEX-MeTV	18.2	I-M	No		Lexington, Kentucky		
WLEX-Bounce	18.3	I-M	No		Lexington, Kentucky		
WTVQ-HD/DT	36.1	N	No		Lexington, Kentucky		
WTVQ-My Networ	36.2	I-M	No		Lexington, Kentucky		
WTVQ-Justice	36.3	I-M	No		Lexington, Kentucky		
WTVQ-Laff	36.4	I-M	No		Lexington, Kentucky		
WTVQ-Escape	36.5	I-M	No		Lexington, Kentucky		
WTVQ-Quest	36.6	I-M	No		Lexington, Kentucky		
WTVQ-Grit	36.7	I-M	No		Lexington, Kentucky		

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						Γ
LEGAL NAME OF OWI		STEM:			SYSTEM ID#	Name
CMN-RUS, INC	,				062634	-
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba Substitute Program ba Substitute Basis: basis under specifc F• Do not list the station station was carried • List the station here, basis. For further in the paper SA3 fc Column 1: List eareach multicast stream cast stream as "WET/WETA-simulcast). Column 2: Give thits community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the splanation of local serv Column 5: If you reable system carried the distant sta For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these t	G, identify every system during the tions in effect or 6.61(e)(2) and (4.51s), as explaine Stations: With r CC rules, regular n here in space I only on a substand also in spanformation concorm. ch station's call a associated with A-2". Simulcast e channel numbers as explained the in each case very entering the lecast), "E" (for no ese terms, see parts and explain is outside rice area, see parts and explain is outs	r television state accounting in June 24, 1984), or 76.63 (red in the next prespect to any attions, or authors, or actions, or authors, or	period, except of period, except of all, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination coording to its own be reported in order of the effect of annel 4 in Wash attion is a network), "N-M" (freducational), or egeneral instructive area, (i.e. "digeneral instructive area, (i.e. "digeneral instructive area, that is not some 30, 2009, be especiation repression carried the coff the general in the coff the general instruction area.	(1) stations carried e carriage of cert (e)(2) and (4))]; a carried by your of e Special Statem I both on a substitus, see page (v) of program service er-the-air designated by the television statington, D.C. This rk station, an indefer network multior "E-M" (for noncettions located in the listant"), enter "Ye ons located in the plete column 5, and Indicate by encitivated channel ubject to a royalty tween a cable system in the prima channel on any onstructions located in the prima channel on any of the prima channel	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	Primary Transmitters: Television
					y to which the station is licensed by the	
Note: If you are utilizing					n which the station is identifed. channel line-up.	
		• •	·	•		
		CHANN	EL LINE-UP	A1 (2)		
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)		
WUPX-Ion	67.1	ı	No	(ii Biotant)	Richmond, KY	
		1.84				
WUPX-Qubo	67.2	I-M	No		Richmond, KY	
WUPX-Ion Life	67.3	I-M	No		Richmond, KY	
				•		
		<u> </u>				
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		l				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		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
KGCW-DT	26.1	I	No		Burlington, IA
KGCW-This TV	26.2	I-M	No		Burlington, IA
KGCW-Laff	26.3	I-M	No		Burlington, IA
KGCW-Bounce TV	26.4	I-M	No		Burlington, IA
KIIN-HD/DT	12.1	Е	No		lowa City, IA
KIIN-PBS Kids	12.2	E-M	No		lowa City, IA
KIIN-World	12.3	E-M	No		lowa City, IA
KIIN-Create	12.4	E-M	No		lowa City, IA
KLJB-HD/DT	18.1	I	No		Davenport, IA
KLJB-Me TV	18.2	I-M	No		Davenport, IA
KWQC-HD/DT	6.1	N	No		Davenport, IA
KWQC-ION	6.2	I-M	No		Davenport, IA
KWQC-Cozi TV	6.3	I-M	No		Davenport, IA
KWQC-H&I	6.4	I-M	No		Davenport, IA
WHBF-HD/DT	4.1	N	No		Rock Island, IL
WHBF-Grit	4.3	I-M	No		Rock Island, IL
WHBF-Court TV N	4.4	I-M	No		Rock Island, IL
WQAD-HD/DT	8.1	N			Moline, IL

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AU (2)									
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				
WQAD-Antenna T	8.2	I-M	No		Moline, IL				
WQAD-MyNetwor	8.3	I-M	No		Moline, IL				
WQAD-Justice Ne	8.4	I-M	No		Moline, IL				
WQPT-HD/DT	24.1	E	No		Moline, IL				
WQPT-Worldview	24.2	E-M	No		Moline, IL				
			No						
			No						
			No						
			No						
			No						
			No						
			No						
			No						
			No						
			No						
			No						
			No						

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
062634

PRIMARY TRANSMITTERS: TELEVISION

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

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Column 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.

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

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

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

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

CHANNEL LINE-UP AV							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
KAAL-HD/DT	6.1	N	No		Austin, MN		
KAAL-This TV	6.2	I-M	No		Austin, MN		
KIMT-HD/DT	3.1	N	No		Mason City, IA		
KIMT-MyNetwork	3.2	I-M	No		Mason City, IA		
KIMT-ION	3.3	I-M	No		Mason City, IA		
KIMT-Antenna	3.4	I-M	No		Mason City, IA		
KSMQ-HD/DT	15.1	E	No		Austin, MN		
KSMQ-Worldview	15.2	E-M	No		Austin, MN		
KSMQ-Create	15.3	E-M	No		Austin, MN		
KSMQ-MN Chann	15.4	E-M	No		Austin, MN		
KTTC-HD/DT	10.1	N	No		Rochester, MN		
KTTC-CW	10.2	I-M	No		Rochester, MN		
KTTC-H&I	10.3	I-M	No		Rochester, MN		
KTTC-Court TV	10.4	I-M	No		Rochester, MN		
KTTC-Justice	10.5	I-M	No		Rochester, MN		
KXLT-HD/DT	47.1	I	No		Rochester, MN		
KXLT-Me TV	47.2	I-M	No		Rochester, MN		
KXLT-Laff	47.3	I-M			Rochester, MN		

G

Primary Transmitters: Television

ACCOUNT	ING PERIOD: 2021/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CMN-RUS, INC. 062634	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	G
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	Primary Transmitters: Television
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	AV (2)	
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
KXLT-Escape	47.4	I-M	No		Rochester, MN
KXLT-Quest	47.5	I-M	No		Rochester, MN
KYIN-HD/DT	18.1	E	No		Mason City, IA
KYIN-PBS Kids	18.2	E-M	No		Mason City, IA
KYIN-World	18.3	E-M	No		Mason City, IA
KYIN-Create	18.4	E-M	No		Mason City, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KCCI-HD/DT	8.1	N	No		Des Moines, IA
KCCI-Me TV	8.2	I-M	No		Des Moines, IA
KCCI-MyNetwork	8.3	I-M	No		Des Moines, IA
KCWI-CW	23.1	I-M	No		Des Moines, IA
KCWI-Court TV M	23.2	I-M	No		Des Moines, IA
KCWI-Bounce TV	23.3	I-M	No		Des Moines, IA
KCWI-Quest	23.4	I-M	No		Des Moines, IA
KDIN-HD/DT	11.1	E	No		Des Moines, IA
KDIN-PBS Kids	11.2	E-M	No		Des Moines, IA
KDIN-World	11.3	E-M	No		Des Moines, IA
KDIN-Create	11.4	E-M	No		Des Moines, IA
KDSM-HD/DT	17.1	N	No		Des Moines, IA
KDSM-Comet	17.2	I-M	No		Des Moines, IA
KDSM-Charge!	17.3	I-M	No		Des Moines, IA
KDSM-TBD	17.4	I-M	No		Des Moines, IA
KFPX-HD/DT	39.1	I-M	No		Newton, IA
WHO-HD/DT	13.1	N	No		Des Moines, IA
WHO-Weather	13.2	I-M	No		Des Moines, IA

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II	
CMN-RUS, INC. 06263	Name Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G. identify every television station (including translator stations and low 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 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	AW (2)	
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
WHO-Antenna TV	13.3	I-M	No		Des Moines, IA
WHO-Court TV	13.4	I-M	No		Des Moines, IA
WOI-HD/DT	5.1	N	No		Des Moines, IA
WOI-Laff	5.2	I-M	No		Des Moines, IA
WOI-Grit	5.3	I-M	No		Des Moines, IA
WOI-Cozi TV	5.4	I-M	No		Des Moines, IA
		<u> </u>			

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
062634

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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		CHANN	EL LINE-UP	AX	
	1	- CITATI	LE LINE OF		1
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
0.014	NUMBER	STATION	(100 01 110)	(If Distant)	
	NUMBER	STATION		(II Distant)	
WDTN-HD/DT	2.1	N	No		Dayton, OH
WDTN-Court TV M	2.2	I-M	No		Dayton, OH
WHIO-HD/DT	7.1	N	No		Dayton, OH
WHIO-MeTV	7.2	I-M	No		Dayton, OH
WHIO-Laff	7.3	I-M	No		Dayton, OH
WKEF-HD/DT	22.1	N	No		Dayton, OH
WKEF-Fox	22.2	N-M	No		Dayton, OH
WKEF-Antenna T	22.3	I-M	No		Dayton, OH
WKOI-lon	43.1	I-M	No		Richmond, IN
WPTD-HD/DT	16.1	E	No		Dayton, OH
WPTD-Again	16.2	E-M	No		Dayton, OH
WPTD-Life	16.3	E-M	No		Dayton, OH
WPTD-Ohio Chan	16.4	E-M	No		Dayton, OH
WRGT-HD/DT	45.1	I-M	No		Dayton, OH
WRGT-Comet	45.3	I-M	No		Dayton, OH
WRGT-Charge!	45.4	I-M	No		Dayton, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

		CHANN	EL LINE-UP	AY	
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
WILX-HD/DT	10.1	N	No		Lansing, MI
WILX-Circle	10.3	I-M	No		Lansing, MI
WILX-Antenna TV	10.5	I-M	No		Lansing, MI
WILX-True Crime	10.6	I-M	No		Lansing, MI
WKAR-HD/DT	23.1	Е	No		Lansing, MI
WKAR-World	23.2	E-M	No		Lansing, MI
WKAR-Create	23.3	E-M	No		Lansing, MI
WKAR-PBS Kids	23.4	E-M	No		Lansing, MI
WLAJ-HD/DT	53.1	N	No		Lansing, MI
WLAJ-CW	53.2	I-M	No		Lansing, MI
WLNS-HD/DT	6.1	N	No		Lansing, MI
WSYM-HD/DT	47.1	N	No		Lansing, MI
WSYM-MeTV	47.2	I-M	No		Lansing, MI
WSYM-Bounce T\	47.3	I-M	No		Lansing, MI
WSYM-My Netwo	47.4	I-M	No		Lansing, MI
WSYM-Court TV	47.5	I-M	No		Lansing, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

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		CHANN	EL LINE-UP	Δ7			
	ı	- OTIAIN	LL LINL-OI	~ _	T		
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)			
WCTV-HD/DT	6.1	N	No		Tallahassee, FL		
WCTV-MeTV	6.2	I-M	No		Tallahassee, FL		
WCTV-Circle	6.3	I-M	No		Tallahassee, FL		
WCTV-True Crime	6.5	I-M	No		Tallahassee, FL		
WFSU-HD/DT	11.1	Е	No		Tallahassee, FL		
WFSU-The Florida	11.2	E-M	No		Tallahassee, FL		
WFSU-Create	11.3	E-M	No		Tallahassee, FL		
WFSU-PBS Kids	11.4	E-M	No		Tallahassee, FL		
WTWC-HD/DT	40.1	N	No		Tallahassee, FL		
WTWC-Charge	40.3	I-M	No		Tallahassee, FL		
WTXL-HD/DT	27.1	N	No		Tallahassee, FL		
WTXL-Bounce TV	27.2	I-M	No		Tallahassee, FL		
WTXL-Grit	27.3	I-M	No		Tallahassee, FL		
WTXL-Court TV M	27.4	I-M	No		Tallahassee, FL		
					-		
		 					

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

		CHANN	EL LINE-UP	BA	
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
KARE-HD/DT	11.1	N	No		Minneapolis-St Paul, MN
KARE-Court TV	11.2	I-M	No		Minneapolis-St Paul, MN
KARE-True Crime	11.3	I-M	No		Minneapolis-St Paul, MN
KARE-Quest	11.4	I-M	No		Minneapolis-St Paul, MN
KARE-Circle	11.5	I-M	No		Minneapolis-St Paul, MN
KMSP-HD/DT	9.9	N	No		Minneapolis-St Paul, MN
KMSP-Buzzr	9.4	I-M	No		Minneapolis-St Paul, MN
KMSP-The Grio T	9.5	I-M	No		Minneapolis-St Paul, MN
KMSP-Decades	9.6	I-M	No		Minneapolis-St Paul, MN
KSTC-HD/DT	5.2	N	No		Minneapolis-St Paul, MN
KSTC-MeTV	5.3	I-M	No		Minneapolis-St Paul, MN
KSTC-Antenna TV	5.4	I-M	No		Minneapolis-St Paul, MN
KSTC-This TV	5.5	I-M	No		Minneapolis-St Paul, MN
KSTP-HD/DT	5.1	N	No		Minneapolis-St Paul, MN
KSTP-Heros & Ico	5.7	I-M	No		Minneapolis-St Paul, MN
WCCO-HD/DT	4.1	N	No		Minneapolis-St Paul, MN
WCCO-Start TV	4.2	I-M	No		Minneapolis-St Paul, MN
WCCO-Dabl	4.3	I-M	No		Minneapolis-St Paul, MN

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CMN-RUS, INC.	062634	Name

PRIMARY TRANSMITTERS: TELEVISION

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		CHANN	EL LINE-UP	ВА			
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		
WFTC-HD/DT	9.1	N	No		Minneapolis-St Paul, MN		
WFTC-Movies	9.3	I-M	No		Minneapolis-St Paul, MN		
WUCW-HD/DT	23.1	I No	23.1 I No	23.1 I No		No	Minneapolis-St Paul, MN
WUCW-Comet	23.2	I-M		No Minneap	Minneapolis-St Paul, MN		
WUCW-Charge!	23.3	I-M		Minneapolis-St Paul, MN			
WUCW-TBD	23.4	I-M	No		Minneapolis-St Paul, MN		

G

Primary Transmitters: Television

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062634 CMN-RUS, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

TOTAL TAGE 3.							T LINIOD. 2021/1		
CMN-RUS, INC.	CABLE SYST	ΓEM:			S	062634	Name		
SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEMEN	NT AND PROGRAM LOG	i			•		
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	RNING SUBST	TITUTE CARRIAGE				Carriage: Special		
During the accounting per		ır cable system	ı carry, on a substitute basi	s, any nonne	<u></u> . ~		Statement and		
broadcast by a distant station? Note: 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 PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in									
effect on October 19, 1976	•					T			
	HIRSTITLIT	ΓE PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON			
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	FOR DELETION			
					_				
	 								
	 								
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ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6.

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 CALL SIGN WHEN CARRIAGE OCCURRED DATE FROM TO DATE FROM AUGUST DATE CALL SIGN WHEN CARRIAGE OCCURRED DATE FROM DATE DATE DATE DATE CALL SIGN WHEN CARRIAGE OCCURRED DATE DA										
CALL SIGN WHEN CARRIAGE OCCURRED HOURS CALL SIGN WHEN CARRIAGE OCCUR	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.— 12:00 p.m."									
HOURS CALL SIGN HOURS										
	TO									

	N-RUS, INC.	SYSTEM ID# 062634	Name						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. Amount of gross receipts)									
COPY Instru • Con • Con • If you fee to • If you	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of								
bloc If pa 3 be If pa 2 in	ort 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered blow. Firt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be block 4 below.	ed on line 2 in block e entered on line							
Block 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.								
Block 2	This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the informable of the space G, you identifed any stations as "distant" by stating "Yes" in column 4, y "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? X Yes—Complete the DSE schedule.	mation you gave in you must check							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	\$ 10,415.16 0.00							
	schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	10,415.16							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	\$ 85,000.48	Cable systems submitting additional deposits under						
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00 \$ 725.00	Section 111(d)(7) should contact the Licensing additional fees.						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	<u>·</u>	Division for the appropriate form for submitting the						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See pageneral instructions located in the paper SA3 form for more information.)	page (i) of the	additional fees.						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC.	SYSTEM ID# 062634
	·	002034
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	is
	Enter the total number of channels on which the cable system carried television broadcast stations	58
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	300
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name ED CORR Telephone 913-	794-3121
	Address 8837 BOND STREET (Number, street, rural route, apartment, or suite number)	
	OVERLAND PARK, KS 66214 (City, town, state, zip)	
	Email Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations	.)
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or	us identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the in line 1 of space B.	e cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Ed Corr	
	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 boy button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility s	
	Typed or printed name: ED CORR	
	Title: VICE PRESIDENT TAX (Title of official position held in corporation or partnership)	
	Date: August 27, 2021	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC.	SYSTEM ID# 062634	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyri lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cal service of providing secondary transmissions of primary broadcast transmitters, the system of subscribers and amounts collected from subscribers receiving secondary transmissions provided in the call service of providing secondary transmissions provided in the call service of providing secondary transmissions provided in the call service of providing secondary transmissions provided in the call service of providing secondary transmissions provided in the call service of providing secondary transmissions of primary broadcast transmissions provided in the call service of providing secondary transmissions of primary broadcast transmissions provided in the call service of providing secondary transmissions of primary broadcast transmissions provided in the call service of providing secondary transmissions of primary broadcast transmissions provided in the call service of providing secondary transmissions of primary broadcast transmissions provided in the call service of providing secondary transmissions of primary broadcast transmissions provided in the call service of providing secondary transmissions of primary broadcast transmissions provided in the call service of providing secondary transmissions provided in the call service of providing secondary transmissions provided in the call service of providing secondary transmissions of primary broadcast transmissions provided in the call service of providing secondary transmissions of primary broadcast transmissions provided in the call secondary transmissions of primary broadcast	ole system for the basic ystem shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the gapaper SA3 form.	eneral instructions in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners?	secondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late For an explanation of interest assessment, see page (viii) of the general instructions in the page.		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . Fo contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	or further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day la	te.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to t please list below the owner, address, first community served, accounting period, and ID num filing.		
Owner Address		
First community served		
Accounting period ID number		

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

DSE SCHEDULE, PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC.										
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	1.50									
2 Computation of DSEs for	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					
	WFYI	0.250	WFYI-Kids	0.250	WFYI-Create	0.250					
	 		• • • • • • • • • • • • • • • • • • • •	•							
	WIPB	0.250	WIPB-Create	0.250	WIPB-Weather	0.250					
Add rows as											
necessary.				†		 					
Remember to copy all				 							
formula into new				ļ							
rows.											
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Name	CMN-RUS, II	OWNER OF CABLE SYSTEM:					\$	8YSTEM ID# 062634			
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 dista E For each station, give the correspond with the inform For each station, give the Divide the figure in column at least to the third decire For each independent so value as ".25."	he number of mation given in the total number arms 2 by the firmal point. This station, give the lumn 4 by the	hours your cable syster in space J. Calculate on er of hours that the stati igure in column 3, and g is the "basis of carriage e "type-value" as "1.0."	n carried the stat ly one DSE for e on broadcast ove ive the result in o e value" for the s For each networ	ion during the accounting ach station. er the air during the accoudecimals in column 4. This	nting period. s figure must ational station, ss than the				
Capacity		ION OF DSEs									
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	ER JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAG VALUE	F 5. TYPE		SE			
			÷		=	x	=				
			÷		=	x x	=				
			÷		=	x	=				
			÷		=	x	=				
			÷		=	x x	=				
			÷		=	x	=				
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,											
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.							1).			
		Sl	JBSTITUTE	E-BASIS STATION							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
			:	=		÷					
			÷ ÷			= = = = = = = = = = = = = = = = = = = =					
		-	÷	=		-	•	=			
			÷	=		÷					
	Add the DSEs	÷ = SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, ▶ 0.00									
5		ER OF DSEs: Give the am s applicable to your system		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide t	he total				
Total Number	1. Number	of DSEs from part 2 ●				>	1.50				
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>	0.00				
	3. Number	of DSEs from part 4 ●				-	0.00				
	TOTAL NUMBE	R OF DSEs						1.50			

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

EGAL NAME OF C	OWNER OF CABLE S	SYSTEM:					S'	YSTEM ID# 062634	Name
	ck A must be comp	leted.							
block A: your answer if	"Yes," leave the re	mainder of p	art 6 and part 7	of the DSE schedu	lle blank and	complete part 8	3, (page 16) of the		6
hedule. f your answer if	"No," complete blo	cks B and C	below.						
			BLOCK A: T	ELEVISION MA	ARKETS				Computation 3.75 Fee
fect on June 24,	nplete part 8 of the	schedule—D					C rules and regula	tions in	00100
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERM	IITTED DS	iEs .			
Column 1: CALL SIGN	FCC rules and re	gulations pri e DSE Sche	or to June 25, 19 dule. (Note: The	art 2, 3, and 4 of th 981. For further exp letter M below refe ct of 2010.)	planation of p	ermitted 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 Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station previous	les and regued pursuant to a sa defined al educational station (76.4 r DSE sched ant to individually carried in Fatation which station will be	lations cited below the FCC marked in 76.5(kk) (76 al station [76.59(65) (see paragraule). Lual waiver of FC and a part-time ithin grade-B co	or substitute basis entour, [76.59(d)(5)	e in effect on 557, 76.59(b), (1), 76.63(a) received a referring to the state of the second s	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] andfathered stat	.63(a) referring to 61(e)(1) tions in the		
Column 3:	*(Note: For those this schedule to c	stations ide	ntified by the let e DSE.)	parts 2, 3, and 4 of ter "F" in column 2, 2. PERMITTED		mplete the worl	2. PERMITTED	of 3. DSE	
SIGN	BASIS	0.25	SIGN WFYI-Kids	BASIS	0.25	SIGN WFYI-Crea	BASIS	0.25	
WIPB	C	0.25		С	0.25	WIPB-Wea		0.25	
								1.50	
			BLOCK C: CO	MPUTATION OF	3.75 FEE				
ie 1: Enter the	e total number of l	DSEs from	part 5 of this so	chedule					
ie 2: Enter the	sum of permitted	d DSEs fron	n block B abov	е					
	line 2 from line 1. eave lines 4–7 bl			•		ate.			
ie 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	75	Do any of to DSEs represented partially
e 5: Multiply I								I	partialiv
	ine 4 by 0.0375 a	nd enter su	m here				x		permited partially nonpermitt
ie 6: Enter tota	ine 4 by 0.0375 a						х		permited partially

ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC. SYSTEM ID# 062634									
1. CALL	2. PERMITTED	BLOCK 3. DSE	A: TELEVI	SION MARKETS 2. PERMITTED		UED) 1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of
									3.75 Fee
						<u> </u>			
						<u> </u>			
						<u> </u>			
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					<u> </u>				
	1		• •	•	•				

ACCOUNTING PERIOD: 2021/1

Name	CMN-RUS, INC.	IER OF CABLE SYSTEM	:			SYSTEM ID#: 062634				
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the of Column 2: Indicate the Column 3: Indicate the Column 4: Indicate the (Note that the FC A—Part-time spentific the column 5: S—Substitute cannot be column 5: Indicate the Column 6: Compare in the IMPORTANT: The interpretation of the column 5 in the column 5 in the column 5 in the column 6 in the column 5 in the column 6 in	ar to June 25, 1981, unitial sign for each distant the DSE for this station the accounting period at the basis of carriage of CC rules and regulation ecialty programming: C76.59(d)(1),76.61(e)(1) orgamming: Carriage under certain Figeneral instructions in the station's DSE for the the DSE figures listed block B, column 3 of page 10.	ne current accounting perion in columns 2 and 5 and list 6 for this station. columns 2, 3, and 4 must	rning part-time and substit tter "F" in column 2 of parteriod, occurring between Juge and DSE occurred (e.gried by listing one of the foose in effect on June 24, 1 is, of specialty programmi (a1(e)(1)). 76.59(d)(3), 76.61(e)(3), outhorizations. For further ed as computed in parts 2, at the smaller of the two fig	tute carriage.) t 6 of the DSE schedule. anuary 1, 1978 and June 2 g., 1981/1). bllowing letters: 1981.) ng under FCC rules, section r 76.63 (referring to explanation, see page (vi) 6 3, and 4 of this schedule. gures here. This figure sho	ons of the ould be entered				
		PERMITTED DS	FOR STATIONS CARRI	ED ON A PART-TIME AN	D SUBSTITUTE BASIS					
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED				
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE				
7	Instructions: Block A	must be completed.								
Computation	In block A: If your answer is	"Yes," complete blocks	B and C. below.							
of the	•		nd C blank and complete p	art 8 of the DSE schedule	١.					
Syndicated	BLOCK A: MAJOR TELEVISION MARKET									
Exclusivity										
Surcharge	l <u> </u>	•	p 100 major television mark	<u> </u>		ne 24, 1981?				
	X Yes—Complete	blocks B and C .		No—Proceed to part 8						
	BLOCK B: C	arriage of VHF/Grade	B Contour Stations	BLOCK	BLOCK C: Computation of Exempt DSEs					
		block B of part 6 the p			in block B of part 7 carried	•				
	commercial VHF station	on that places a grade	•	nity served by the cabl	e system prior to March 3					
	or in part, over the cal	,		to former FCC rule 76.	•					
		tation below with its apprond and proceed to part 8.	opriate permitted DSE		ation below with its appropriand proceed to part 8.	te permitted DSE				
	X No—Enter zero a	na proceed to part o.		X No—Enter zero ar	iu proceeu to part o.					
	CALL SIGN	DSE CA	LL SIGN DSE	CALL SIGN	DSE CALL SIG	ON DSE				
		 								
		ļ								
		707	AL DSEs 0.00		TOTAL D	SES 0.00				
		101	AL DSEs 0.00		TOTAL DS	JLS U.UU				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC. SYSTEM ID 06263	Namo
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	<u> </u>
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Cundinated
	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	Surcharge
• Is any	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 DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	_
	C. Subtract 1.000 from total permitted DSEs (the figure on	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	_
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	_
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name		ME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC.	SYSTEM ID# 062634						
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.							
8 Computation of Base Rate Fee	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.								
	Section	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 2 Section 3	Enter the amount of gross receipts from space K (page 7). 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.). If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. \$ E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)							
		·	0.00						

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

	AME OF OWNER OF CABLE SYSTEM: RUS, INC.	YSTEM ID# 062634	Name
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		_
4	A. Enter 0.01064 of gross receipts (the amount in section 1) **State	_	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here ▶\$	-	Dase Nate i ee
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
IMPOR	I RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast	signals shall	
	l be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel l		9
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, t s from subscribers located within the station's local service area, from your system's total gross receipts. To take adv on, you must:		Computation of
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each subscriber group. That total is the base rate fee for your system.	e number of	Base Rate Fee and Syndicated Exclusivity Surcharge
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belocable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
	oldentify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	: For each community served, determine the local service area of each wholly distant and each partially distant statio to that community.	n you	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were loca the station's local service area. A subscriber located outside the local service area of a station is distant to that stati ne token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. En iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	n's subscriber	
	n section:		
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all c ibers in the group.	of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in s s schedule; or,	parts 2, 3, and	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo 6 of this schedule.	ck B,	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general insepaper SA3 form.	tructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pr In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	is, the total	

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABLE	E SYSTEM:				S	YSTEM ID# 062634	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GRO	JP		SECOND	SUBSCRIBER GROU	^	
COMMUNITY/ AREA	GREEN	ICASTLE		COMMUNITY/ AREA S	SEYMOUR/NORTH VERNON			9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 165,226.80			5,226.80	Gross Receipts Secon	Gross Receipts Second Group \$ 494,675.40			
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	VINCE	NNES		COMMUNITY/ AREA	MADISO	N		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····		•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 238,615.80		Gross Receipts Fourth Group \$ 353,672.10		53,672.10				
Base Rate Fee Third G	Group	c	0.00	Base Rate Fee Fourth	Group	¢	0.00	
Dago Rate i ee miid e	υαρ	\$	0.00	Dusc Mate 1 ee 1 outili	Огоир	\$	0.00	
			riber group a	s shown in the boxes abo	ove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$	10,415.16	

CALL SIGN DSE C. WFYI 0.25 WF WFYI-Create 0.25 Total DSEs Gross Receipts First Group \$ SEVENTH SUB COMMUNITY/ AREA HUNTINGT	ALL SIGN FYI-Kids		COMMUNITY/ AREA CALL SIGN	SIXTH	BER GROUP SUBSCRIBER GRO MANCHESTER CALL SIGN	UP DSE	9 Computat	
CALL SIGN DSE C. WFYI 0.25 WF WFYI-Create 0.25 Total DSEs Gross Receipts First Group \$ SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.	ALL SIGN	DSE		NORTH	MANCHESTER		Computat	
CALL SIGN WFYI 0.25 WFYI 0.25 WFYI-Create 0.25 WFYI-Create 0.25 Total DSEs Gross Receipts First Group SEVENTH SUB COMMUNITY/ AREA HUNTINGT CALL SIGN DSE C.						DSE	Computat	
WFYI 0.25 WF WFYI-Create 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25			CALL SIGN	DSE	CALL SIGN	DSE		
WFYI-Create 0.25 WFYI-Create 0.25 Output Description of the property of the	-YI-Kids	0.25					of	
Total DSEs Gross Receipts First Group SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.							Base Rate	
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.							and	
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.							Syndicate	
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.							Exclusivi	
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.				<u> </u>			Surcharg	
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.							for	
SEVENTH SUB SEVENTH SUB COMMUNITY/ AREA CALL SIGN DSE C.							Partially	
SEVENTH SUB SEVENTH SUB COMMUNITY/ AREA CALL SIGN DSE C.							Distant	
SEVENTH SUB SEVENTH SUB COMMUNITY/ AREA CALL SIGN DSE C.							Stations	
SEVENTH SUB COMMUNITY/ AREA CALL SIGN DSE C.								
SEVENTH SUB COMMUNITY/ AREA CALL SIGN DSE C.								
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.								
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.								
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.								
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.								
SEVENTH SUB COMMUNITY/ AREA CALL SIGN DSE C.		0.75	Total DSEs	-		0.00		
SEVENTH SUB COMMUNITY/ AREA CALL SIGN DSE C.								
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.	Gross Receipts First Group \$ 173,083.50			d Group	\$	63,805.50		
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.								
SEVENTH SUB COMMUNITY/ AREA HUNTINGTO CALL SIGN DSE C.		1,381.21	Base Rate Fee Secon	d Group	\$	0.00		
CALL SIGN DSE C.						-		
CALL SIGN DSE C		DUP		CONNER	SUBSCRIBER GRO	UP		
	ON		COMMUNITY/ AREA					
Fotal DSEs	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Fotal DSEs			WFYI	0.25	WFYI-Kids	0.25		
Fotal DSEs			WFYI-Create	0.25				
Fotal DSEs								
Fotal DSEs								
otal DSEs								
Total DSEs								
Total DSEs								
Fotal DSEs								
Fotal DSEs								
otal DSEs								
otal DSEs								
otal DSEs								
otal DSEs								
otal DSEs								
Fotal DSEs								
		0.00	Total DSEs		_	0.75		
			Group	•	136,825.62			
Gross Receipts Third Group \$	20	73,400.20	Gross Receipts Fourth	Group	\$	130,023.02		
	20							
Base Rate Fee Third Group \$	20	0.00	Base Rate Fee Fourth	Group	\$	1,091.87		
	20		<u> </u>					
	20							

WIPB 0.25 WIPB-Create 0 WIPB-Weather 0.25	ID# 634 Name
COMMUNITY/AREA NEW CASTLE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WIPB 0.25 WIPB-Create 0 WIPB-Weather 0.25 WIPB-Create 0 WIPB-Weather 0.25 WIPB-Create 0 WIPB-Weather 0.25 WIPB-Create 0 WIPB-Create	
CALL SIGN DSE	
WiPB	9 Computat
WiPB	SE of
Total DSEs Gross Receipts First Group \$ 199,292.16 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 185,114 CALL SIGN DSE 25 Base Rate	
Total DSEs Gross Receipts First Group \$ 199,292.16 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN WIPB DSE CALL SIGN DSE CALL	and
Gross Receipts First Group \$ 199,292.16 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN	Syndicat
Gross Receipts First Group \$ 199,292.16 Gross Receipts Second Group \$ 185,114 \$ Base Rate Fee First Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN DSE CALL SIGN WIPB CALL SIGN DSE CALL SIGN WIPB-Create 0	Exclusiv
Gross Receipts First Group \$ 199,292.16 Gross Receipts Second Group \$ 185,114 Base Rate Fee First Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN WIPB COMB COMMUNITY/ AREA WIPB-Create 0	
Gross Receipts First Group \$ 199,292.16 Gross Receipts Second Group \$ 185,114 \$ Base Rate Fee First Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN DSE CALL SIGN WIPB CALL SIGN DSE CALL SIGN WIPB-Create 0	Surcharg
Gross Receipts First Group \$ 199,292.16 Gross Receipts Second Group \$ 185,114 Base Rate Fee First Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN DSE CALL SIGN WIPB CALL SIGN DSE CALL SIGN WIPB-Create 0	for
Gross Receipts First Group \$ 199,292.16 Gross Receipts Second Group \$ 185,114 Base Rate Fee First Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN WIPB COMB COMMUNITY/ AREA WIPB-Create 0	Partiall
Gross Receipts First Group \$ 199,292.16 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN	Distant
Gross Receipts First Group \$ 199,292.16 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN	Station
Gross Receipts First Group \$ 199,292.16 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN	
Gross Receipts First Group \$ 199,292.16 Gross Receipts Second Group \$ 185,114 Base Rate Fee First Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN WIPB COMB COMMUNITY/ AREA WIPB-Create 0	
Gross Receipts First Group \$ 199,292.16 Gross Receipts Second Group \$ 185,114 Base Rate Fee First Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN WIPB COMB COMMUNITY/ AREA WIPB-Create 0	
Gross Receipts First Group \$ 199,292.16 Gross Receipts Second Group \$ 185,114 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA LAFAYETTE CALL SIGN DSE CALL SIGN DSE CALL SIGN WIPB 0.25 WIPB-Create 0	
Gross Receipts First Group \$ 199,292.16 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN	
Gross Receipts First Group \$ 199,292.16 Gross Receipts Second Group \$ 185,114 Base Rate Fee First Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN DSE CALL SIGN WIPB CALL SIGN DSE CALL SIGN WIPB-Create 0	
Gross Receipts First Group \$ 199,292.16 Gross Receipts Second Group \$ 185,114 Base Rate Fee First Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN WIPB COMB COMMUNITY/ AREA WIPB-Create 0	7.5
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 1,477 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD CALL SIGN DSE CALL SIGN	75
ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA LAFAYETTE CALL SIGN DSE CA	64
ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA LAFAYETTE CALL SIGN DSE CAL	<u> </u>
COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA LAFAYETTE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN I WIPB 0.25 WIPB-Create 0	21
COMMUNITY/ AREA FRANKLIN/GREENWOOD COMMUNITY/ AREA LAFAYETTE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN I WIPB 0.25 WIPB-Create 0	
WIPB 0.25 WIPB-Create 0	
	 SE
WIPB-Weather 0.25	25
otal DSEs 0.00 Total DSEs C	75
Gross Receipts Third Group \$ 585,035.46 Gross Receipts Fourth Group \$ 810,133	30
	\neg
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 6,464	87
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$	

LEGAL NAME OF OWNE CMN-RUS, INC.	EGAL NAME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC. SYSTEM ID# 062634							
				ATE FEES FOR EACH				
		SUBSCRIBER GRO	UP	FOURTEENTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA	CRAWI	FORDSVILLE		COMMUNITY/ AREA	WESTFIELD/FISHERS/CARMEL/ZION			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	DSE CALL SIGN DSE		of
								Base Rate Fee
								and
	···		<mark></mark>		<u> </u>			Syndicated Exclusivity
								Surcharge
								for
								Partially
	<u> </u>				<u> </u>			Distant Stations
	•••••••		···					Otations
			<mark></mark>					
			<u></u>					
T		Ш	0.00	T		Ц	0.00	
Total DSEs 0.00				Total DSEs 0.00				
Gross Receipts First Group \$ 249,454.20			9,454.20	Gross Receipts Second Group \$ 711,896.76				
Base Rate Fee First Group \$ 0.00			Base Rate Fee Second	d Group	\$	0.00		
F	IFTEENTH	SUBSCRIBER GRO	UP	S	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	PLAINE	FIELD/ROMEOVIL	LE	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			···					
	···		<mark></mark>		<u> </u>			
					<u> </u>			
			<mark></mark>		<u> </u>			
Total DSEs		II	0.00	Total DSFs			0.00	
Gross Receipts Third Group \$ 127,620.72		Total DSEs						
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC. SYSTEM ID# 062634									
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP			
SEVE	NTEENTH	SUBSCRIBER GROU	Р	EIGHTEENTH SUBSCRIBER GROUP			•		
COMMUNITY/ AREA	OSWE	GO/PLANO/YORK	VILLE	COMMUNITY/ AREA BATAVIA/GENEVA/N AURORA/S EL(DRA/S EL(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			0.00		
Gross Receipts First Group \$ 164,562.12			Gross Receipts Second Group \$ 281,368.08						
Gloss Receipts First Gloup 104,302.12				ll cross resemble second	а Огоар		1,000.00		
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second		\$	0.00		
NI	NTEENTH	SUBSCRIBER GROU	Р	T	WENTIETH	SUBSCRIBER GROUP	1		
COMMUNITY/ AREA	DEKAL	B/SYCAMORE		COMMUNITY/ AREA	COMMUNITY/ AREA LEXINGTON/VERSAILLES/RICHMON				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						_			
						_			
		-							
							 		
					_				
Total DSEs	Total DSEs 0.00		0.00	Total DSEs	-		0.00		
Gross Receipts Third Group \$ 131,361.96		Gross Receipts Fourth Group \$ 609,436.20			9,436.20				
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth Group \$ 0.00		0.00			
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes ab	ove.	\$			

						SYSTEM:	R OF CABLE	LEGAL NAME OF OWNER CMN-RUS, INC.
1		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A:	В
	UP	SUBSCRIBER GROU	-SECOND	TWENTY	Р	SUBSCRIBER GROU	TY-FIRST	TWEN
9 Computation		STER	ROCHES	COMMUNITY/ AREA	ORF	PORT/BETTENDO	DAVEN	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity						-		
Surcharge								
for								
Partially								
Distant	······							
Stations								
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	0.00	-	!	Total DSEs	0.00		'	Fotal DSEs
-	179,379.18	\$ 1	l Group	Gross Receipts Second	,642.20	\$ 283	oup	Gross Receipts First Gr
- T			·				,	
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	UP	SUBSCRIBER GROU	/-FOURTH	TWENT	Р	SUBSCRIBER GROU	TY-THIRD	TWEN
<u>!</u>	/TIPP CITY/	NOOD/CLAYTON/	ENGLEW	COMMUNITY/ AREA			AMES	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Γotal DSEs
	7.00				,837.96	s 45	roun	
-	102.212.70	s 1	Group					
- - 1	102,212.70	\$ 1	Group	Gross Receipts Fourth			очр	Gross Receipts Third G

LEGAL NAME OF OWNER CMN-RUS, INC.	R OF CABLE	SYSTEM:				•	062634	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
TWEN	TY-FIFTH	SUBSCRIBER GRO	UP	TWE	NTY-SIXTI	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	LANSIN	IG/EAST LANSIN	IG	COMMUNITY/ AREA	TALLA	HASSEE		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
					<u> </u>			for
								Partially
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			····		<mark></mark>			Stations
			····		. 		·······	
			····		 			
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Total DSEs	-	<u> </u>	0.00	Total DSEs	<u> </u>	11	0.00	
Gross Receipts First Gr	OUD	•	4,471.19	Gross Receipts Secon	d Group	•	14,678.70	
Gloss Necelpts I list Gl	oup	•	7,77 1.13	Gross Receipts Secon	u Gloup	\$	14,070.70	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GRO	UP	TWEN ⁻	TY-EIGHTI	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	JAGUA	R		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	roup	\$ 1,12	4,749.26	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	s	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	•	<u>.</u>			'	Į."		
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes ab	oove.	\$		

<u> </u>	SCRIBER GROUP	
II	COND SUBSCRIBER GROUP	
COMMUNITY/ AREA GREENCASTLE COMMUNITY/ AREA SEY	YMOUR/NORTH VERNON	9 Computatio
CALL SIGN DSE CALL SIGN DSE CALL SIGN DS	SE CALL SIGN DSE	of
		Base Rate Fe
		and
		Syndicated
		Exclusivity
		Surcharge
		for
		Partially
		Distant
		Stations
	······	
Total DSEs Total DSEs	0.00	
Gross Receipts First Group \$ 165,226.80 Gross Receipts Second Group	up \$ 494,675.40	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group	up \$ 0.00	
THIRD SUBSCRIBER GROUP FOU	URTH SUBSCRIBER GROUP	
	DISON	
OCHMONI II / NCEX III COMMONI II / NCEX III		
	SE CALL SIGN DOE	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DS	SE CALL SIGN DSE	
	·············	
Total DSEs 0.00 Total DSEs	0.00	
Gross Receipts Third Group \$ 238,615.80 Gross Receipts Fourth Group	p <u>\$ 353,672.10</u>	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group	p \$ 0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)	\$ 0.00	

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABLI	E SYSTEM:				\$	062634	Name
I	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	I SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA	WABAS	SH		COMMUNITY/ AREA	NORTH	MANCHESTER		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
							·····	Syndicated
	····		····		<u> </u>		······	
	····						······	Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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	 		<mark></mark>					
	<u></u>		<mark></mark>		<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 17	3,083.50	Gross Receipts Secon	d Group	\$	63,805.50	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	I SUBSCRIBER GROU	JP	
			<u> </u>	COMMUNITY/ ADEA				
COMMUNITY/ AREA	HUNTII	NGTON		COMMUNITY/ AREA	CONNE	RSVILLE		
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	\$ 20	3,488.20	Gross Receipts Fourth	Group	\$	136,825.62	
Base Rate Fee Third G	Group	s	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	e e	Į*	5.50			l [⋆]	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABLI	E SYSTEM:				S	YSTEM ID# 062634	Name
- E				TE FEES FOR EACH	SUBSCR	BER GROUP		
		SUBSCRIBER GROU	IP .			SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA	NEW C	ASTLE		COMMUNITY/ AREA	LEBAN	ON		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
		-						Exclusivity
					<u>.</u>			Surcharge
								for
								Partially Distant
								Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 199	,292.16	Gross Receipts Secon	d Group	<u>\$</u> 1	85,114.64	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	IP		TWELVTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	FRANK	LIN/GREENWOOI	D	COMMUNITY/ AREA	LAFAYI	ETTE		
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	\$ 585	,035.46	Gross Receipts Fourth	Group	\$ 8	10,133.80	
,	•				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes ab	ove.	\$		

Mana	YSTEM ID# 062634	S				E SYSTEM:	R OF CABLE	LEGAL NAME OF OWNER CMN-RUS, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP		FOL	Р	SUBSCRIBER GROU		THII
Computation	RMEL/ZION	ELD/FISHERS/CAF	WESTFI	COMMUNITY/ AREA		FORDSVILLE	CRAWF	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		<u> </u>						
Syndicated								
Exclusivity								
Surcharge								
for								
Partially								
Distant								
Stations		H						
		-					 	
								
			<u>.</u>				 	
-		-					-	
							-	
				Total DSEs	0.00			Total DSEs
	0.00							O Di-4- Fi4 O-
	0.00	\$ 7	d Group	Gross Receipts Secon	,454.20	\$ 249,	oup	Gross Receipts First Gr
		\$ 7'	d Group	Gross Receipts Secon	,454.20	\$ 249,	oup	Gross Receipts First Gr
		\$ 7°		Gross Receipts Secon Base Rate Fee Secon	0.00	\$ 249,		·
	0.00		d Group	Base Rate Fee Secon	0.00		oup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
=	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GROU	oup	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	\$ SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr
-	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
-	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
-	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
-	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
-	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00 P DSE	\$ SUBSCRIBER GROUP INGTON	d Group	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	oup FTEENTH PLAINF	Base Rate Fee First Gr FI COMMUNITY/ AREA CALL SIGN
	0.00 DSE 0.00	SUBSCRIBER GROUP INGTON CALL SIGN	DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 P LE DSE 0.00	SUBSCRIBER GROU IELD/ROMEOVILI CALL SIGN	oup FTEENTH PLAINF DSE	FI COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 P DSE	SUBSCRIBER GROUP INGTON CALL SIGN	DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU IELD/ROMEOVILI CALL SIGN	oup FTEENTH PLAINF DSE	Base Rate Fee First Gr FI COMMUNITY/ AREA

LEGAL NAME OF OWNER CMN-RUS, INC.	R OF CABL	E SYSTEM:				S	062634	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
SEVE	NTEENTH	SUBSCRIBER GRO	UP	EIG	SHTEENTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	OSWE	GO/PLANO/YORI	KVILLE	COMMUNITY/ AREA	BATAV	IA/GENEVA/N AUF	RORA/S EL(9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
	<mark>.</mark>							Surcharge
								for
	<mark></mark>							Partially
	<mark></mark>							Distant
								Stations
	<mark></mark>				<u></u>			
	<mark></mark>						·····	
							·····	
F-4-LD0F-			0.00	T-4-1 DOF-			0.00	
Total DSEs Gross Receipts First Gr		<u> </u>	4,562.12	Total DSEs Gross Receipts Secon	d Croup		81,368.08	
31055 Receipis Filst Gi	oup	3 10	4,302.12	Gioss Receipts Secon	u Group	\$ 2	.01,300.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GRO	UP	Т	WENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	DEKAL	B/SYCAMORE		COMMUNITY/ AREA	LEXING	STON/VERSAILLES	S/RICHMON	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>							
								
		H			<u></u>			
	<mark></mark>				<u></u>			
	<u> </u>							
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u>\$ 13</u>	1,361.96	Gross Receipts Fourth	Group	\$ 6	09,436.20	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	•	Į.	J			L*		
Base Rate Fee: Add th		e fees for each subso pace L (page 7)	criber group a	as shown in the boxes ab	ove.	\$		

Name	98TEM ID# 062634	SY					R OF CABLE	CMN-RUS, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A:	E
^	Р	SUBSCRIBER GROUP	Y-SECOND	TWENT	IP	SUBSCRIBER GROU	ITY-FIRST	TWEN
9 Computation		STER	ROCHES	COMMUNITY/ AREA	DRF	PORT/BETTENDO	DAVEN	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit								
Surcharge								
for								
Partially								
Distant								
Stations							<u></u>	
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	<u></u>		-				 	
	<u></u>		-					
	0.00			Total DSEs	0.00		1	Total DSEs
					C40.00			D Di-t- Fit O-
	79,379.18	\$ 17	d Group	Gross Receipts Second	,642.20	\$ 283	oup	Fross Receipts First Gr
	0.00	\$ 17 \$		Gross Receipts Second Base Rate Fee Second	0.00	\$ 283		·
	0.00		d Group	Base Rate Fee Second	0.00		oup	3ase Rate Fee First Gr
	0.00	\$	d Group Y-FOURTH	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP NOOD/CLAYTON/T	d Group Y-FOURTH ENGLEV	Base Rate Fee Second TWENT COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup TY-THIRD AMES	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	DSE	SUBSCRIBER GROUP NOOD/CLAYTON/T CALL SIGN	d Group Y-FOURTH ENGLEV DSE	Base Rate Fee Second TWENT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	TWEN COMMUNITY/ AREA CALL SIGN

Name	98TEM ID# 062634					SYSTEM:	R OF CABLE	CMN-RUS, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION O	BLOCK A:	E
^	P	SUBSCRIBER GROU	NTY-SIXTH	TWE	JP	SUBSCRIBER GROU	TY-FIFTH	TWEN
9 Computation		IASSEE	TALLAH	COMMUNITY/ AREA	G	IG/EAST LANSIN	LANSIN	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit								
Surcharge								
for								
Partially							<u></u>	
Distant		-						
Stations								
					<mark></mark>			
		-	<u>-</u>		<mark></mark>			
		H	-		<u>-</u>			
	<u> </u>		•		<u>-</u>		 	
		-			<mark></mark>			
	0.00	<u> </u>	_	Total DSEs	0.00			otal DSEs
	14,678.70	\$	d Group	Gross Receipts Second	,471.19	\$ 4	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	D	SUBSCRIBER GROU	TV-EIGHTH	TWENT	ID	SUBSCRIBER GROU	SEVENTH	TWENTY-
	_	SUBSCRIBER GROU	I I-EIGH I H	ii	DP .			
	0			COMMUNITY/ AREA		K	JAGUA	COMMUNITY/ AREA
		CALL SIGN	T	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN		L		
	DSE		DSE	CALL SIGN				
	DSE		DSE	UALE SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
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	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	DSE		DSE	CALL SIGN				
	0.00		DSE	Total DSEs	0.00			Fotal DSEs
		\$			0.00	\$ 1,124	roup	Fotal DSEs Gross Receipts Third G