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					
7-30-21	\$					
	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 subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM iTV-3, LLC									
	602 High Point Lane East Peoria, IL 61611			63648 2021/1						
С	INSTRUCTIONS: In line 1, give any business or trade names used to id									
System	names already appear in space B. In line 2, give the mailing address of a libentification of CABLE SYSTEM:	the system, if diffe	erent from the address giver	n in space B.						
	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 Community	Peoria	IL								
Community	Below is a sample for reporting communities if you report multiple cha									
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A	SUB GRP#						
Sample	Alliance	MD	В	2						
	Gering	MD	В	3						

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

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63648 iTV-3, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN CH LINE UP SUB GRP# STATE **Peoria** IL **First East Peoria** IL Α Community Pekin IL Α Morton IL Α Champaign IL В В Urbana IL See instructions for **Peoria County** IL Α additional information on alphabetization. IL C Springfield Dunlap IL Α Jacksonville ΪL С IL Chillicothe Α Add rows as necessary. ΙL C **Leland Grove**

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Name iTV-3, LLC SYSTEM: SYSTEM: 63648

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	4,530	\$	34.74				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	96	\$	34.74				
Converter							
Residential							
Non-residential				1			
		1		1 '''			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential			
Pay cable	\$	50.00	Motel, hotel		Residential:	
 Pay cable—add'l channel 	\$	80.00	Commercial		Cinemax	\$ 15.00
Fire protection	ļ		• Pay cable		Starz	\$ 10.00
•Burglar protection	ļ		Pay cable-add'l channel		Showtime	\$ 17.50
Installation: Residential		••••••	Fire protection		НВО	\$ 17.00
• First set			Burglar protection		Sports Package	\$ 10.00
 Additional set(s) 	ļ		Other services:		Playboy Channel	\$ 11.95
• FM radio (if separate rate)		••••••	Reconnect		Movies Plus	\$ 10.00
Converter		••••••	Disconnect		Hospitality: Pay Cable	\$ 89.95
	ļ		Outlet relocation		Pay Cable-add'l channel	\$ 149.95
			Move to new address			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63648 iTV-3. LLC 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 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 A 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) WAOE 59.1 No Peoria, IL ı WEEK-1 Peoria, IL 25.1 Ν No See instructions for WEEK-2 25.2 N-M No Peoria, IL additional information n alphabetization. WEEK-3 I-M No Peoria, IL 25.3 WMBD-TV 31.1 Ν No Peoria, IL WTVP-1 46.1 Ε No Peoria, IL WTVP-2 46.2 E-M No Peoria, IL WTVP-3 E-M Peoria, IL 46.3 No **WYZZ-TV** 43.1 No Bloomington, IL ı WYZZ-TV-3 43.3 I-M No Bloomington, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ITV-3, LLC

63648

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	В		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WAND	17	N	No		Decatur, IL	
WAND-2	17.2	N-M	No		Decatur, IL	
WBUI	23	I	No		Decatur, IL	
MCCU	27	I	No		Urbana, IL	
WCIA	3	N	No		Champaign, IL	
WCIX	49	I	No		Springfield, IL	
WICD	15	N	No		Champaign, IL	
WILL-TV-1	12.1	E	No		Urbana, IL	
WILL-TV-2	12.2	E-M	No		Urbana, IL	
WILL-TV-3	12.3	E-M	No		Urbana, IL	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ITV-3, LLC

63648

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.

<u> </u>	-				<u> </u>		
		CHANN	EL LINE-UP	С			
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		
WAND	17	N	No		Decatur, IL		
WAND-2	17.2	N-M	No		Decatur, IL		
WBUI	23	I	No		Decatur, IL		
WRSP	55.1	I	No		Springfield, IL		
WCIA	3	N	No		Champaign, IL		
WCIX	49	I	No		Springfield, IL		
wics	20.1	I	No		Springfield, IL		
WSEC-1	14.1	E-M	No		Jacksonville, IL		
WSEC-2	14.2	E-M	No		Jacksonville, IL		
WSEC-3	14.3	E-M	No		Jacksonville, IL		
WSEC-4	14.4	E-M	No		Jacksonville, IL		

G

Primary Transmitters: Television

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63648 iTV-3, LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/1

TORW SASE. FAGE 5.						ACCOUNTING	TEMOD. 2021/1		
IEGAL NAME OF OWNER OF ITV-3, LLC	CABLE SYST	EM:			S	63648	Name		
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOC	3					
In General: In space I, ident substitute basis during the acexplanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	CC rules, regu	lations, or authorizations.	For a further	I Substitute		
1. SPECIAL STATEMENT	CONCER	NING SUBST	TTUTE CARRIAGE				Carriage:		
During the accounting per		ır cable system	carry, on a substitute bas	is, any nonne	, ,		Special Statement and Program Log		
broadcast by a distant station? Yes XNo Note: If your answer is "Yes," you must complete the program									
log in block 2.			•						
2. LOG OF SUBSTITUTE									
In General: List each subst				wherever pos	ssible, if their meaning is				
clear. If you need more spa			aı pages. İsion program (substitute p	rogram) that	during the accounting				
period, was broadcast by a						ion			
under certain FCC rules, re									
SA3 form for futher informa titles, for example, "I Love L				r "basketball"	. List specific program				
			r "Yes." Otherwise enter "N	lo."					
Column 3: Give the call	sign of the	station broadca	sting the substitute progra	ım.					
the case of Mexican or Can			ne community to which the						
			tem carried the substitute			th			
first. Example: for May 7 giv	/e "5/7."			-					
			gram was carried by your			y			
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. snould be				
·	er "R" if the	listed program	was substituted for progra	amming that y	our system was required	i			
to delete under FCC rules a									
gram was substituted for preffect on October 19, 1976.		that your syste	em was permitted to delete	under FCC	rules and regulations in				
effect off October 19, 1976.									
	LIBOTITIIT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON			
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION			
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO				
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ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# iTV-3, LLC 63648									
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."									
			DATE	S AND HOURS	OF F	PART-TIME CAR	RIAGE			
		WHEN	N CARRIAGE OCCU	JRRED			WHEN	N CARRIAGE O	CCUI	RRED
	CALL SIGN		HOU	RS		CALL SIGN		Н	OUR	S
		DATE	FROM	ТО			DATE	FROM		ТО
			_						_	
			_						_	
			_							
			_						_	
			_							
									-=-	

		STEM ID# 63648	Name						
110	/-3, LLC	03040							
Inst all a (as page		,516.46	K Gross Receipts						
IIVIP	CORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipt	is)							
ConConIf you feetIf 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.								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of sk 3 below.								
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block elow.								
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.								
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at 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 \$ 968,	,516.46							
	Enter the result here.								
	This is your minimum fee. \$ 10,	,305.02							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4. Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or								
Block 3	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 schedule. If none, enter zero	0.00							
	Line 3. Add lines 1 and 2 and enter here	-							
Block 4	whichever is larger	,305.02	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional deposits under						
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE	725.00	additional fees. Division for the						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	,030.02	appropriate form for submitting the						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)		additional fees.						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	iTV-3, LLC	63648							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
	Enter the total number of channels on which the cable system carried television broadcast stations								
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	221							
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 Samuel Valencia Telephone 309-689	-0711							
	Address 602 High Point Lane (Number, street, rural route, apartment, or suite number)								
	East Peoria, IL 61611 (City, town, state, zip)								
	Email accounting@i3broadband.com 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 ide in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the calk in line 1 of space B.	le 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/ Samuel Valencia								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settin								
	Typed or printed name: Samuel Valencia								
	Title: CFO (Title of official position held in corporation or partnership)								
	Date: July 30, 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 suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNE	R OF CABLE S	SYSTEM:			SYSTEM ID#	
iTV-3, LLC					63648	Name
The Satellite Hom lowing sentence: "In determ service of scribers an	ne Viewer A nining the to providing so nd amounts	ct of 1988 amended tal number of subscri econdary transmissio collected from subsc	Title 17, section of the ground t	secondary transmissions p	ole system for the basic ystem shall not include sub- oursuant to section 119."	Special Statement Concerning
paper SA3 form.				note on page (vii) of the ge		Gross Receipts Exclusion
		did the cable system satellite dish owners?		ounts of gross receipts for	secondary transmissions	
X NO						
YES. Enter th	he total here	e and list the satellite	carrier(s) below.	<u>\$</u>		
Name Mailing Address				Name Mailing Address		
INTEREST AS	SESSME	NTS				
•		•	• • •	nitted as a result of a late neral instructions in the pa	payment or underpayment. aper SA3 form.	Q
Line 1 Enter the	amount of	late payment or unde	rpayment			Interest Assessment
Line 2 Multiply li	ine 1 by the	interest rate* and ent	er the sum here		-	
Line 3 Multiply li	ine 2 by the	number of days late a	and enter the sur	n here	x days x 0.00274	
	•	0274** enter here and age 7)		4,	\$ - (interest charge)	
		e chart click on www.division at (202) 707-8			or further assistance please	
** This is the	decimal equ	ivalent of 1/365, which	ch is the interest	assessment for one day la	te.	
· · · · · · · · · · · · · · · · · · ·	-	-		unt already submitted to t unting period, and ID num	he Copyright Offce, ber as given in the original	
Owner Address						
First community s 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.

ACCOUNTING PERIOD: 2021/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSL SCHEDULL. FAGI	LEGAL NAME OF OWNER OF CABLE	SVSTEM:			6,	YSTEM ID#
1	iTV-3, LLC	E STSTEM.			J	63648
		V "O" OTATION	10.			00040
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station		N5 :			
	Enter the sum here and in line		s schedule.		0.00	
		,				
2	Instructions: In the column headed "Call S	i an ": list the cal	I signs of all distant stations	identified by the	e letter "∩" in column 5	
	of space G (page 3).	igii . list tile cal	i signs of all distant stations	identified by the	e letter O III column o	
Computation	In the column headed "DSE"			as "1.0"; for ea	ach network or noncom-	
	mercial educational station, give	e the DSE as ".2				
Category "O"	0.411.010.41	T 505	CATEGORY "O" STATION			l por
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary.						
Remember to copy all						
formula into new						
rows.						
						l
						
		L				

	 P	p	·····	

Name	iTV-3, LLC	WNER OF CABLE SYSTEM:					\$	63648
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6	at the call sign of all distants. For each station, give the correspond with the information of the correspond with the information of the correspond with the information of the column of the corresponding of the column of the	ne number of h mation given in ne total number imn 2 by the fig nal point. This i station, give the lumn 4 by the fi	ours your cable systen space J. Calculate on of hours that the stati ure in column 3, and g s the "basis of carriage "type-value" as "1.0."	n carried the static rolly one DSE for ea on broadcast over rive the result in de e value" for the sta For each network	on during the accounting p ch station. the air during the accour ecimals in column 4. This	nting period. figure must tional station, ss than the	
Capacity		(CATEGORY	LAC STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE VALUE		SE
			÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
						x x		
			÷		=	x	=	
	Add the DSEs	OF CATEGORY LAC Soft each station. In here and in line 2 of page 2.		edule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: Fat your option. Column 3: Eat your option. Column 4: I	ct on October 19, 1976 (and or more live, nonnetwoner or each station give the This figure should correst or the number of days Divide the figure in columner or the number of days Divide the number of	itution for a pro as shown by th ork programs du number of live, spond with the i in the calenda in 2 by the figur	gram that your system e letter "P" in column 7 iring that optional carri nonnetwork programs information in space I. r year: 365, except in a re in column 3, and giv	was permitted to or space I); and age (as shown by the scarried in substitute a leap year. The the result in column to the space the result in column to the space the result in column to the space	grams) if that station: delete under FCC rules a ne word "Yes" in column 2 o ution for programs that w umn 4. Round to no less t e general instructions in the	f ere deleted han the third	1).
		Sl	JBSTITUTE	-BASIS STATION	IS: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	'S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷			÷		=
			-	=		÷		
		-	-	=		÷		=
			- -	=		÷		
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS:		▶	0.00		
5		R OF DSEs: Give the am		poxes in parts 2, 3, and	4 of this schedule a	and add them to provide th	e total	
Total Number	1. Number	of DSEs from part 2 ●				•	0.00	
of DSEs	2. Number	of DSEs from part 3 ●				-	0.00	
	3. Number	of DSEs from part 4 ●				·	0.00	
	TOTAL NUMBE	R OF DSEs						0.00

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

LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					s	YSTEM ID# 63648	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of pa		of the DSE schedu	ıle blank and	complete part	8, (page 16) of the		6
			BLOCK A:	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—D	,	er markets as defin LETE THE REMAIN			C rules and regula	tions in	3./3 Fee
		BLO	CK B: CARF	RIAGE OF PERM	/ITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	egulations prid le DSE Sched	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of the 981. For further ex e letter M below refe Act 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	eles and reguled pursuant to as defined al educationad station (76.6 r DSE schedunt to individuationally carrie	ations cited be to the FCC mark in 76.5(kk) (76.1 station [76.59.5) (see paragrule). It was a waiver of FC d on a part-timethin grade-B co	e or substitute basis ontour, [76.59(d)(5)	e in effect on 657, 76.59(b), (1), 76.63(a) (3) referring stitution of grass prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] and fathered state 25, 1981	.63(a) referring to 61(e)(1) tions in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
				'		H		0.00	
		l	BLOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of l	DSEs from բ	oart 5 of this s	chedule					
Line 2: Enter the	sum of permitted	d DSEs from	ı block B abo	ve					
				of DSEs subject t of this schedule)		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter sur	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
I ine 7: Multiply li	ine 6 by line 5 and	d enter here	and on line 2	. block 3. space L	(page 7)			0.00	

V-3, LLC	OWNER OF CABLE	OTOTEW!					S	YSTEM ID# 63648	
		BLOCK	(A: TELEVI	SION MARKETS	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
					<u> </u>				

Name	iTV-3, LLC	IER OF CABLE SYSTEM	:			SYSTEM ID#: 63648					
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.										
		PERMITTED DSE	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 MARKE	ΞΤ						
Exclusivity											
Surcharge	l		o 100 major television mark	<u> </u>		ne 24, 1981?					
	Yes—Complete	blocks B and C .		No—Proceed to part 8							
	BLOCK B: C	arriage of VHF/Grade	B Contour Stations	BLOCK	C: Computation of Exem	int 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.	•						
		ation below with its appro	ppriate permitted DSE		ation below with its appropria	te permitted DSE					
	X No—Enter zero a	nd proceed to part 8.		X No—Enter zero ar	nd proceed to part 8.						
	CALL SIGN	DSE CAI	L SIGN DSE	CALL SIGN	DSE CALL SIG	GN DSE					
		······									
		 									
		ļ									
			AL DOE- 0.00			0.00					
		101	AL DSEs 0.00		TOTAL DS	SES 0.00					

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	iTV-3, LLC	63648	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	968,516.46	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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		TV-3, LLC BE SCHEDULE. FAGE 16 SYSTEM ID# 63648
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	extions: Lust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried part 9 blank. Lock A, indicate, by checking "Yes" or "No," whether your system carried part 9 blank. Lock A, indicate, by checking "Yes" or "No," whether your system carried part 9 blank. Lock A, indicate, by checking "Yes" or "No," whether your system carried part 9 blank. Lock A, indicate, by checking "Yes" or "No," whether your system carried part 9 blank. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate your system carried a
	_	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. No—Complete the following sections.
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)

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

LEGAL N.		(STEM ID# 63648	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		_
4	A. Enter 0.01064 of gross receipts (the amount in section 1) * \$		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶		
	F. Multiply line D by line E and enter here		
	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast so be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel ling.	•	9
In Gen receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to s from subscribers located within the station's local service area, from your system's total gross receipts. To take adva		Computation of
exclusi	on, you must:		Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to th 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 ea : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	number of	and Syndicated Exclusivity Surcharge
NOTE: also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below cable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant station to that community.	you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station to the 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. Ear ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system	's subscriber	
In each	section:		
• Give t	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of bers in the group.	the	
• If:			
4 of this	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in passchedule; or,		
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bloc 6 of this schedule.	kB,	
Add tl	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general insta paper SA3 form.	ructions	
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 pre In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to calculations on the form.	s, the total	

LEGAL NAME OF OWN iTV-3, LLC	IER OF CABL	E SYSTEM:				,	63648	Name
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	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	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	-	\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO				H SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					•••••			
Total DSEs		П	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
S. COS TOOCIPIS TIMU	этоир	-	<u> </u>	Signal Recorpts Fou	Отоир	*		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$	0.00	
Tire liele alia ili bio	on o, iiile I, S	pace L (page /)				Ψ	0.00	

EGAL NAME OF OWNE	ON ONDER						63648	Name
				TE FEES FOR EAC				
	FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
		<u> </u>						Syndicate Exclusivi
		<u> </u>						Surcharg
								for
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								Distant
								Stations
		<u> </u>						
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO)UP		EIGHTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		·····					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
_	_							
Sase Rate Fee Third (∂roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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Base Rate and Syndicate Exclusive Surchard for Partially Distant Stations If DSEs 0.00 Total DSEs 0.00 ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP MIUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 LISIGN DSE CALL SIGN DSE CALL SIGN DSE LIDIES 0.00 Total DSES 0.000	EGAL NAME OF OWN							63648	Name
AMUNITY/ AREA					TE FEES FOR EAC				
Computation	2014444		SUBSCRIBER GRO		001444		H SUBSCRIBER GROU		9
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Base	COMMUNITY/ AREA			<u> </u>	COMMUNITY/ AREA	٩			_
and Syndicat Exclusive Surchar for Partial Distant Station I DSEs	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicat Exclusive Surchary for Partially Surchary for Partially Surchary for Station If DSEs									Base Rate
Exclusive Surchars for Partially Distant Station IDSES									
Surchard for a control of the contro			H						
for Partial Distant Station In DSES			H						
Distant Station Distan									
Station IDSEs									Partially
DSEs									Distant
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Ses Receipts First Group Base Rate Fee Second Group ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN			Щ						
Base Rate Fee Second Group ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE C	Total DSEs		-	0.00	Total DSEs			0.00	
ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE	Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
MMUNITY/ AREA 0 COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TOTAL DSES 0.00 Total DSES 0.00	Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ALL SIGN DSE CALL SIGN DSE CAL		ELEVENTH	SUBSCRIBER GRO)UP		TWELVTH	H SUBSCRIBER GROU	JP	
M DSES 0.00 Total DSES 0.00	COMMUNITY/ AREA			0	COMMUNITY/ AREA				
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			H	····					
			-						
De Receinte Third Croup & 0.00 Cross Receints Fausth Croup & 0.00	Γotal DSEs			0.00	Total DSEs			0.00	
SS Receipts Fining Group 5 0.00 Gross Receipts Fourin Group 5 0.00	Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
e Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	3ase Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

Name	63648	\$						iTV-3, LLC	
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9	JP 0	SUBSCRIBER GROU	FC COMMUNITY/ AREA		THIRTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0				
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and Syndicate			<u> </u>		<u></u>		<u></u>		
Exclusivi			·		<u></u>		···		
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for									
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Stations			·				····		
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	0.00		•	Total DSEs	0.00			Total DSEs	
	0.00	Gross Receipts Second Group \$ 0.00			0.00				
		\$	d Group	Gross Receipts Secon	0.00	\$	Group	∂ross Receipts First G	
		\$	d Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G	
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	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 UP	\$ SUBSCRIBER GRO	FIFTEENTH	Base Rate Fee First G F COMMUNITY/ AREA	
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	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 UP	\$ SUBSCRIBER GRO	FIFTEENTH	Base Rate Fee First G F COMMUNITY/ AREA	
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 UP	\$ SUBSCRIBER GRO	FIFTEENTH	Base Rate Fee First G F COMMUNITY/ AREA	
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 UP	\$ SUBSCRIBER GRO	FIFTEENTH	FCOMMUNITY/ AREA CALL SIGN	
	0.00 0.00 DSE	\$ I SUBSCRIBER GROU	DSE	Base Rate Fee Second COMMUNITY/ AREA	0.00 UP 0 DSE	\$ SUBSCRIBER GRO	DSE	FOOMMUNITY/ AREA CALL SIGN FOOTAL DSES	
	0.00 0.00 JP 0 DSE	SUBSCRIBER GROU	d Group SIXTEENTH DSE Group	COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 UP 0 DSE	SUBSCRIBER GRO CALL SIGN	DSE STOUP	COMMUNITY/ AREA	

Name	63648	3				. JI JI EIVI.	IN OF CABLE	LEGAL NAME OF OWNE iTV-3, LLC	
				TE FEES FOR EACH					
9	EIGHTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0					SEVENTEENTH SUBSCRIBER GROUP MMUNITY/ AREA 0			
Computati	COMMUNITY/ AREA 0				U			COMMUNITY AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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and Syndicate		.							
Exclusivit					<u></u>		···		
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Stations			-		<u></u>				
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	0.00	\$		Base Rate Fee Secon	0.00	\$		Base Rate Fee First G	
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	0.00			Total DSEs	0.00			Fotal DSEs	
	0.00	S	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs	
		\$	Group			\$	Group		

GAL NAME OF OWNER OF CABLE SYSTEM: V-3, LLC				YSTEM ID# 63648	Name
BLOCK A: COMPUTATION OF BASE RATE FE	ES FOR EACH S	SUBSCRIE	BER GROUP		
TWENTY-FIRST SUBSCRIBER GROUP	TWENTY-SECOND SUBSCRIBER GROUP				
OMMUNITY/ AREA 0 COM	COMMUNITY/ AREA 0				9 Computat
CALL SIGN DSE CALL SIGN DSE CAI	LL SIGN	DSE	CALL SIGN	DSE	of
					Base Rate I
					and
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otal DSEs 0.00 Total	Total DSEs 0.00			0.00	
ross Receipts First Group \$ 0.00 Gross	s Receipts Second	Group	\$	0.00	
ase Rate Fee First Group \$ 0.00 Base	Rate Fee Second	Group	\$	0.00	
				*	
TWENTY-THIRD SUBSCRIBER GROUP	TWENTY	-FOURTH	SUBSCRIBER GROU	IP.	
	TWENTY	-FOURTH	SUBSCRIBER GROU	DP 0	
OMMUNITY/ AREA 0 COM		-FOURTH	SUBSCRIBER GROU		
OMMUNITY/ AREA 0 COM	MUNITY/ AREA			0	
OMMUNITY/ AREA 0 COM	MUNITY/ AREA			0	
OMMUNITY/ AREA 0 COM	MUNITY/ AREA			0	
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OMMUNITY/ AREA CALL SIGN DSE MUNITY/ AREA LL SIGN DSEs	DSE	CALL SIGN	0 DSE		

Name	63648	•					R OF CABLE	iTV-3, LLC	
				TE FEES FOR EACH					
9	TWENTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0					TWENTY-FIFTH SUBSCRIBER GROUP MMUNITY/ AREA 0			
Computati	COMMUNITY/ AREA 0				U			CONINUINI I/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate I									
and Syndicate		H							
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Stations									
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		\$	d Group	Gross Receipts Secon	0.00	\$	iroup	Fross Receipts First G	
		\$		Gross Receipts Secon	0.00	\$			
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