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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
2/18/2022	\$			
	ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period	2021/2				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the the en	s of the cable systel on the last day of th unting period.	m. e accounting period should sui		63575
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Merrimack County Telephone Company				
				6357	520212
				63575	2021/2
	525 Junction Rd				
	Madison, WI 53717-2152				
С	INSTRUCTIONS: In line 1, give any business or trade names used to id				
	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	in space	B.
System	1 DENTIFICATION OF CABLE SYSTEM:				
	TDS Telecom, Inc.				
	MAILING ADDRESS OF CABLE STSTEM:				
	(Number, street, rural route, apartment, or suite number)				
	(City, town, state, zip code)				
D	Instructions For complete cases Disabilities are seen as I I I double.		somitor and and balance and mali-	-4	46
Area	Instructions: For complete space D instructions, see page 1b. Identify with all communities.	only the fist confin	iurilly served below and rein	st on page	ID
Served	CITY OR TOWN	STATE			
First	Contoocook	NH			
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in Si	pace G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	3 GRP#
Sample	Alda	MD	Α		1
·	Alliance	MD	В		2
	Gering	MD	В		3

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

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63575 **Merrimack County Telephone Company** 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 Contoocook NH AA **First Antrim** NH AA Community Henniker NH AA Hillsborough NH AA **Hopkinton** NH AA Sutton NH AA See instructions for Warner NH AA additional information on alphabetization. **Bradford** NH AA Newbury NH AA Add rows as necessary.

	 	
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	<u> </u>	

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Merrimack County Telephone Company

63575

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 	3,893	\$25/mo	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial	16	\$59.04/mo	
Converter			
Residential	3,893	\$6/Mo.	
Non-residential			
1		•	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	\$8.00-\$15.00	Motel, hotel				
 Pay cable—add'l channel 		Commercial	\$0 - \$50.00	Ī		
Fire protection		• Pay cable		Ī		
•Burglar protection		Pay cable-add'l channel		Ī		
Installation: Residential		Fire protection		Ī		
• First set	\$0-\$50.00	Burglar protection		Ī		
 Additional set(s) 	\$0-\$50.00	Other services:		Ī		
• FM radio (if separate rate)		Reconnect	\$0-\$25.00	Ī		
Converter		Disconnect		Ī		
		Outlet relocation	19.98-39.96	ľ		
		Move to new address		ľ		
				ľ		

LEGAL NAME OF OWN						1		
					SYSTEM ID#	Name		
Merrimack Cou	nty Telepho	ne Compa	ny		63575			
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
carried by your cable s FCC rules and regulati	ystem during the	ne accounting n June 24, 198	period, except (31, permitting the	1) stations carried carriage of certa	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary		
substitute program bas		•	• .		ble systems on a system to make the second	Transmitters:		
basis under specifc FC		•		carried by your ca	able system on a substitute program	Television		
Do not list the station	here in space	G—but do list		e Special Stateme	nt and Program Log)—if the			
 station was carried List the station here. 	•		tion was carried	both on a substitu	ute basis and also on some other			
basis. For further in	formation conc				the general instructions located			
in the paper SA3 fo Column 1: List eac		sign. Do not re	eport origination	program services	s such as HBO, ESPN, etc. Identify			
each multicast stream	associated with	n a station acc	cording to its over	er-the-air designat	ion. For example, report multi-			
cast stream as "WETA WETA-simulcast).	2". Simulcast	streams must	be reported in c	olumn 1 (list each	stream separately; for example			
Column 2: Give the			-		on for broadcasting over-the-air in			
its community of licens on which your cable sy	•		nnel 4 in Washi	ington, D.C. This i	may be different from the channel			
Column 3: Indicate	in each case v	vhether the sta			pendent station, or a noncommercial			
-	-		, ,		st), "I" (for independent), "I-M" mmercial educational multicast).			
For the meaning of the	se terms, see p	page (v) of the	general instruc	tions located in th	e paper SA3 form.			
Column 4: If the sta planation of local servi				*	s". If not, enter "No". For an ex- paper SA3 form.			
Column 5: If you ha	ave entered "Ye	es" in column	4, you must com	plete column 5, s	tating the basis on which your			
cable system carried the carried the distant state		-		•	ering "LAC" if your cable system apacity			
	-				payment because it is the subject			
•				•	tem 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.								
	ree categories,	see page (v)	of the general ir	nstructions located	ner basis, enter "O." For a further d in the paper SA3 form.			
Column 6: Give the	ree categories, location of ea	, see page (v) ch station. Foi	of the general ir r U.S. stations, li	nstructions located ist the community	ner basis, enter "O." For a further			
Column 6: Give the	ree categories, e location of ea Canadian statio	see page (v) ch station. For ns, if any, give	of the general in r U.S. stations, li e the name of the	nstructions located ist the community e community with	er basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.			
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Column 6: Give the FCC. For Mexican or C Note: If you are utilizing a superior of the FCC. For Mexican or C Note: If you are utilizing a superior of the FCC. For Mexican or C Note: If you are utilizing a superior of the FCC. For Mexican or C Note: If you are utilizing a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you	2. B'CAST CHANNEL NUMBER 9.1 9.2 4.1 4.2 4.3 25.1 25.2 25.3 15.1 15.2 15.3 56.1	see page (v) ch station. For ns, if any, give anel line-ups, to CHANN 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	of the general ir r U.S. stations, lie the name of the use a separate stellar (Yes or No) No	nstructions located ist the community ecommunity with space G for each of the space G. BASIS OF CARRIAGE	ler basis, enter "O." For a further at in the paper SA3 form. to which the station is licensed by the which the station is identifed. Channel line-up. 6. LOCATION OF STATION Littleton, NH Littleton, NH Boston, MA Cambridge, MA Cambridge, MA	additional information		
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing a superior of the FCC. For Mexican or C Note: If you are utilizing a superior of the FCC. For Mexican or C Note: If you are utilizing a superior of the FCC. For Mexican or C Note: If you are utilizing a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you are utilized as a superior of the FCC. For Mexican or C Note: If you	2. B'CAST CHANNEL NUMBER 9.1 9.2 4.1 4.2 4.3 25.1 25.2 25.3 15.1 15.2 15.3 56.1 56.2 11.1	see page (v) ch station. For ns, if any, give anel line-ups, if any, and any anel line-ups, if any, and any	of the general ir r U.S. stations, lie the name of the use a separate state and the use and	nstructions located ist the community ecommunity with space G for each of the space G. BASIS OF CARRIAGE	ler basis, enter "O." For a further at in the paper SA3 form. It to which the station is licensed by the which the station is identified. It is channel line-up. 6. LOCATION OF STATION Littleton, NH Littleton, NH Boston, MA Cambridge, MA Cambridge, MA Cambridge, MA Durham, NH	additional information		
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WMUR WMUR-DT2 WBZ-DT3 WFXT-DT2 WFXT-DT3 WFXT-DT3 WBTS-DT2 WBTS-DT2 WBTS-DT2 WBTS-DT2 WBTS-DT2 WBTS-DT2 WBTS-DT2 WBTS-DT2 WBTS-DT2 WBTS-DT3 WLVI WLVI-DT2 WENH WENH-DT2	2. B'CAST CHANNEL NUMBER 9.1 9.2 4.1 4.2 4.3 25.1 25.2 25.3 15.1 15.2 15.3 56.1 56.2 11.1	see page (v) ch station. For ns, if any, give anel line-ups, to CHANN 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M I I-M E E-M	of the general ir r U.S. stations, lie the name of the use a separate stellar (Yes or No) No	nstructions located ist the community ecommunity with space G for each of the space G. BASIS OF CARRIAGE	ler basis, enter "O." For a further at in the paper SA3 form. to which the station is licensed by the which the station is identifed. Channel line-up. 6. LOCATION OF STATION Littleton, NH Littleton, NH Boston, MA Cambridge, MA Cambridge, MA Durham, NH Durham, NH	additional information		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Merrimack County Telephone Company

PRIMARY TRANSMITTERS: TELEVISION

In General: In appear C. identify every television station (including translator and law power television stations)

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program 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	AA (cont)			
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		
WGBX	44.1	E	No		Boston, MA		
WGBX-DT3	44.3	E-M	No		Boston, MA		
WVTA	41.1	E	No		Windsor, VT		
WNEU	60.1	I	No		Merrimack, NH		
WNEU-DT3	60.3	I-M	No		Merrimack, NH		
WHDH	7.1	I	No		Boston, MA		
WHDH-DT2	7.2	I-M	No		Boston, MA		
WPXG	21.1	I	No		Concord, NH		
WSBK	38.1	I	No		Boston, MA		
WSBK-DT2	38.2	I-M	No		Boston, MA		
WSBK-DT3	38.3	I-M	No		Boston, MA		
WSBK-DT4	38.4	I-M	No		Boston, MA		
WSBK-DT5	38.5	I-M	No		Boston, MA		
WWJE-DT	50.1	I	No		Derry, NH		
WYCU-LD	26.1	ı	No		Charlestown, NH		
WYDN	48.1	I	No		Worchester, MA		

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63575 **Merrimack County Telephone Company** 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 N/A

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/2

LEGAL NAME OF OWNER OF Merrimack County Tele					\$	63575	Name
SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	3			
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under sp	ecific present and former F0	CC rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per	iod, did you	ır cable system	n carry, on a substitute bas	is, any nonne	etwork television program	1	Special Statement and
broadcast by a distant stat	ion?				Yes	X No	Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the prograr	n	
log in block 2.		110					
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 to 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							
_				1 1	EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S CALL SIGN		5. MONTH	6. TIMES	FOR DELETION	
NI/A	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
N/A							
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				\			
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63575 **Merrimack County Telephone Company 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-J 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 Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE **FROM** TO DATE **FROM** TO N/A

	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
	rrimack County Telephone Company			63575	Name
Inst all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second identifed in space E) during the accounting period. For a further explanation of how to come (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ary trai	nsmission servic		K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of gross re		
Instru Con Con If you fee If you acco	ARIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. In block 2, showing whether your system carried any distant television stations. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In system did carry any distant television stations, you must complete the applicable parts ompanying this form and attach the schedule to your statement of account. In art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be exit 3 below. In art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entired.	of the	DSE Schedule on line 1 of		Copyright Royalty Fee
	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should	be ent	tered on line		
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is 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.		percent of the	67,503.48	
	This is your minimum fee.	\$		14,550.24	
2 Block	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period' Yes—Complete the DSE schedule. INO—Leave block 3 below blank and column to the part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	4, you	must check		
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		-	
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		\$	14,550.24	Cable systems
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	additional deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE.		\$	725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		15,275.24	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form and the Excel instructions tab		* *		

	_	FURINI SASE, PAGE 8
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company	SYSTEM ID# 63575
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcas to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	st stations
Chameis	Enter the total number of channels on which the cable system carried television broadcast stations	34
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	165
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Stephanie Weber Telephone	e (608) 664-4721
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number)	
	Madison, WI 53717-2152 (City, town, state, zip)	
	Email Finance@tdstelecom.com Fax (optional	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office reg	gulations.)
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 I	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	ner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)]	d herein
	X /s/ Sharon V. Tisdale	
	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 i button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus com	
	Typed or printed name: Sharon V. Tisdale	
	Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
ı	Date: February 18, 2022	

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: Merrimack County Telephone Company	SYSTEM ID# 63575	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below)-	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	t.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.0027	4	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_	
(interest cha	irge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	e	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the origina filing.	I	
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 suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

 1.064% of gross receipts
 Each of the second, third, and fourth DSEs
 0.701% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

0.330% of gross receipts

If any of the stations were partially distant:

The fifth and each additional DSF

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

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

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

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

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

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

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

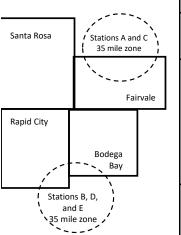
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification of	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
ı	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		\$0,364.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

1	LEGAL NAME OF OWNER OF CABLE				S	STEM ID#	
	Merrimack County Telep					63575	
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	•		ļ	0.00		
Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). Computation of DSEs for 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."							
of DSEs for	mercial educational station, given	e the DSE as ".2					
Category "O"		1	CATEGORY "O" STATIONS		T		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Add rows as necessary.							
Remember to copy all							
formula into new							
rows.							

Į	4	 * · · · · · · · · · · · · · · · · · · ·	7 ········	

Name		owner of cable system: County Telephone Coi	mpany				S	43575 63575
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-1 Column 6	st the call sign of all distar : For each station, give the correspond with the inforr : For each station, give th : Divide the figure in colur at least to the third decim : For each independent sivalue as ".25." : Multiply the figure in colur	ne number of hour nation given in space total number of mn 2 by the figure nal point. This is the atton, give the "ty tumn 4 by the figure numn 4 by the figure name to the "ty the figure name to the total name to the total name to the figure name to the figu	s your cable system ace J. Calculate onl hours that the static in column 3, and gine "basis of carriage pe-value" as "1.0." force in column 5, and give in	carried the static y one DSE for ea on broadcast over ve the result in do value" for the sta For each network	on during the accounting p ich station. r the air during the accoun ecimals in column 4. This	nting period. figure must tional station, ss than the	
Capacity		(CATEGORY L	AC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	IRS D BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	-	6. DS	šΕ
	N/A		÷		=	x	=	
			÷		_	x	=	
			÷ ÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷ ÷			x x	=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: I at your option. Column 3: I Column 4: I	oct on October 19, 1976 (a one or more live, nonnetwo For each station give the I This figure should corres Enter the number of days Divide the figure in columi This is the station's DSE (ntion listed in space tution for a progra as shown by the learch programs during number of live, no pond with the info in the calendar yean n 2 by the figure in For more informat	e I (page 5, the Log im that your system etter "P" in column 7 g that optional carria ennetwork programs ermation in space I. ear: 365, except in a in column 3, and give tion on rounding, se	of Substitute Pro was permitted to of space I); and ge (as shown by th carried in substit leap year. the result in coluse page (viii) of the	delete under FCC rules a ne word "Yes" in column 2 o ution for programs that we umn 4. Round to no less the general instructions in the	nd regular- f ere deleted han the third).
		SL	JBSTITUTE-B	ASIS STATION	S: COMPUTA	TION OF DSEs	1	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=		÷		=
		÷		=		÷		=
		-		=		÷		=
		÷		=		÷		=
	Add the DSEs	÷ OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa	S STATIONS:	= ule,		0.00]	=
5		R OF DSEs: Give the amo		es in parts 2, 3, and 4	1 of this schedule	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 ●				<u> </u>	0.00	
	3. Number	of DSEs from part 4 ●			·	-	0.00	
								
	TOTAL NUMBE	R OF DSEs						0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/2

	WNER OF CABLE S unty Telephone		y				S	YSTEM ID# 63575	Name
n block A: If your answer if chedule.	ck A must be comp "Yes," leave the rei "No," complete bloc	mainder of pa	pelow.	of the DSE sched		complete part	8, (page 16) of the		6 Computation o
the cable aveter	m leasted whelly a			TELEVISION MA		tion 76 F of FO	C mulaa and ramula	etiono in	3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—D	•	er markets as defir LETE THE REMAI			C rules and regula	itions in	
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation	ns prior to Jur Jule. (Note: Th	part 2, 3, and 4 of t ne 25, 1981. For fur ne letter M below re Act of 2010.)	ther explanati	on of permitted	stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station prev	les and reguled pursuant to on as defined al educational distation (76.6 r DSE schedi ant to individu viously carrie IHF station wi	ations cited be the FCC main 76.5(kk) (7 I station [76.5:5) (see paragule). It was a waiver of F d on a part-tim thin grade-B c	ne or substitute bas contour, [76.59(d)(5	e in effect on .57, 76.59(b),)(1), 76.63(a) 3(a) referring stitution of gra	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] and fathered state 25, 1981	5.63(a) referring to 61(e)(1) ations in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 o			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CO	OMPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of [OSEs from p	art 5 of this	schedule			,		
ne 2: Enter the	sum of permitted	DSEs from	block B abo	ve					
				of DSEs subject to find this schedule		ate.		0.00	
ne 4: Enter gro	ss receipts from	space K (pa	ge 7)						Do any of the
no 5: Multimber	no 4 by 0 0275	nd onto:	n horo				x 0.03	375	DSEs represer partially permited/
me o. iviuiupiy II	ne 4 by 0.0375 a	na enter sur	II IICIE				х		partially nonpermitted carriage?
ine 6: Enter tota	al number of DSE	s from line 3	3					-	If yes, see part 9 instructions.
ine 7: Multinly li	ne 6 by line 5 and	d enter here	and on line 2	2, block 3, space	I (page 7)			0.00	

ACCOUNTING PERIOD: 2021/2

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Merrimack County Telephone Company** 63575 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Worksheet for Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE **PERIOD** CARRIAGE DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSES

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company	SYSTEM ID# 63575	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,367,503.48	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSI is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	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	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSI is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	Ξ	
	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			SYSTEM ID# 63575				
7	Section	· · · · ·					
	4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.					
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)					
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)					
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here					
		D. Enter 0.00089 of gross receipts (the amount in section 1)					
		E. Subtract 4.000 from the total DSEs (the figure on line C in					
		section 2) and enter here					
		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					
		Syndicated Exclusivity Surcharge.	<u></u> '				
		ctions:					
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of par checked "Yes," use the total number of DSEs from part 5.	t				
		ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.					
Computation of	-	r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	1				
Base Rate Fee	se Rate Fee blank.						
		What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers vere located within that station's local service area and others were located outside that area. For the definition of a station's "local					
	service	e area," see page (v) of the general instructions.					
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS					
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?					
		Yes—Complete part 9 of this schedule. X 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)	18				
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.					
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	00				
	Section						
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.					
		A. Enter 0.01064 of gross receipts (the amount in section 1)					
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ <u>\$ 9,586.20</u>					
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here					
		D. Multiply line B by line C and enter here.					
		E. Add lines A, and D. This is your base rate fee. Enter here	,				
		and in block 3, line 1, space L (page 7)	_				
		Base Rate Fee	<u></u> l				

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/2

	AME OF OWNER OF CABLE SYSTEM: mack County Telephone Company	SYSTEM ID# 63575	Name
Section	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 ▶\$		buse Rule 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	
	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chann G.	•	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of Base Rate Fee
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	e the number of	and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B b cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
Step 1	Didentify a Subscriber Group for Partially Distant Stations: For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	ation you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lost the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the station, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compo	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	item's subscriber	
	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 a bers in the group.	all of the	
• If: 1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it	in parts 2, 3, and	
4 of thi 2) any	s schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in		
•	6 of this schedule. he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general apper SA3 form.	instructions	
• Comp page. DSEs t	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the forthat group's complement of stations and total gross receipts from the subscribers in that group). You do not necalculations on the form.	nat is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63575 **Merrimack County Telephone Company** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE Merrimack County						-	63575	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	H SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	JP			SUBSCRIBER GRO	UP	٥
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
		_						Stations
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU						
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
Total DSEs		-	0.00	Total DSEs		-11	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
.p	•	· · · · · · · · · · · · · · · · · · ·			- -	<u></u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				II				
Base Rate Fee: Add th Enter here and in block			riber group a	s shown in the boxes a	bove.	\$	0.00	