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

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/16/2022	\$					
	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	2022/1								
B	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	ss of the cable syste	m.						
	If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account.  Check here if this is the system's first filing. If not, enter the system's ID not.	unting period.	<b>5</b> ,	35539					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Farmers Mutual Telephone Co								
				3553920221					
				35539 2022/1					
	608 E Congress Street Nora Springs, IA 50458								
•	INSTRUCTIONS: In line 1, give any business or trade names used to id	lentify the busines	s and operation of the syste	m unless these					
С	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	n in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	st on page 1b					
Area	with all communities.	1							
Served	CITY OR TOWN	STATE							
First Community	Rudd	IA							
22	Below is a sample for reporting communities if you report multiple cha			CLIB CDD#					
	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.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 35539 **Farmers Mutual Telephone Co** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE Rudd IA C 2 **First** Elma IA В 3 Community Floyd IA C 2 Greene IA Α 1 **Lime Springs** IA В 3 Little Cedar В 3 IA See instructions for **McIntire** IA В 3 additional information on alphabetization. C **Marble Rock** 2 IA **New Haven** IA В 3 **Nora Springs** С 2 IA В 3 Osage IA Add rows as necessary **Plymouth** IA В 3 3 Riceville В IA **Rock Falls** В 3 IA **Rockford** IA C 2 St. Ansgar IA В 3 Stacyville В 3 IA

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#
Farmers Mutual Telephone Co

35539

## E

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	1,001	\$ 139.95	Digital of IPTV	954	\$ 149.95		
<ul> <li>Service to additional set(s)</li> </ul>			HD (included)	728	0		
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVIC	E	RATE
Continuing Services:		Installation: Non-residential					
• Pay cable		Motel, hotel					
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			НВО	\$	18.00
Fire protection		Pay cable			Showtime	\$	16.00
•Burglar protection		Pay cable-add'l channel			Cinemax	\$	16.00
Installation: Residential		Fire protection			Starz/Encore	\$	16.00
First set	\$ 30.00	Burglar protection			digital all premium		55-66
<ul> <li>Additional set(s)</li> </ul>		Other services:					
• FM radio (if separate rate)		Reconnect	\$	30.00			
Converter		Disconnect			high speed internet	\$	52.95
		Outlet relocation			via cable 5	\$	52.95
		Move to new address	\$	30.00	via cable 10	\$	58.95
					via cable 15	\$	77.95

### **Section F**

Additional Speeds	Rates	
5MB (DSL, CM, FTTH)	\$	52.95
10MB (CM, FTTH)	\$	58.95
15MB (CM, FTTH)	\$	77.95
Internet - 50 Mbps/25Mbps (CM, FTTH)	\$	89.95
100 Mbps/50Mbps (CM, FTTH)	\$	99.95
200 Mbps/100Mbps (FTTH)	\$	119.95
300 Mbps/150Mbps (FTTH)	\$	129.95
500 Mbps/250Mbps (FTTH)	\$	169.95
1 Gbps/500Mbps (FTTH)	\$	249.95

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 35539 Farmers Mutual Telephone Co 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) KAAL 36 Ν Austin. MN KAAL-HD 36.1 Austin, MN N-M See instructions for KCRG-TV 9 Ν Cedar Rapids, IA additional information n alphabetization. **KGAN** 51 Ν Cedar Rapids, IA KGAN-2 51.1 I-M Cedar Rapids, IA KSMQ-TV 20 Ε Austin. MN **KTTC** 10 N Rochester, MN KTTC-HD 10.1 N-M Rochester, MN **KWWL** 7 Ν Waterloo, IA **KXLT-TV** 46 Rochester, MN 46.1 KXLT-2 I-M Rochester, MN **KXLT-HD** I-M 46.2 Rochester, MN **KYIN** Ε Mason City, IA 18

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Farmers Mutual Telephone Co

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

•		•	•	•	
		CHANN	EL LINE-UP	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
KAAL	36	N			Austin, MN
KAAL-HD	36.1	N-M			Austin, MN
KIMT	42	N			Mason City, IA
KIMT-2	42.1	I-M			Mason City, IA
KIMT-HD	42.2	N-M			Mason City, IA
KSMQ-TV	20	E			Austin, MN
KTTC	10	N			Rochester, MN
KTTC-HD	10.1	N-M			Rochester, MN
KXLT-TV	46	I			Rochester, MN
KXLT-2	46.1	I-M			Rochester, MN
KXLT-HD	46.2	I-M			Rochester, MN
KYIN	18	E			Mason City, IA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Farmers Mutual Telephone Co

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

**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.

1. CALL SIGN	2. B'CAST	3. TYPE	EL LINE-UP	С	
1. CALL SIGN		3 TYPE			
	CHANNEL NUMBER	OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KAAL	36	N			Austin, MN
KAAL-HD	36.1	N-M			Austin, MN
KCRG-TV	9	N			Cedar Rapids, IA
KIMT	42	N			Mason City, IA
KIMT-2	42.1	I-M			Mason City, IA
KIMT-HD	42.2	N-M			Mason City, IA
KSMQ-TV	20	Е			Austin, MN
KTTC	10	N			Rochester, MN
KTTC-HD	10.1	N-M			Rochester, MN
KWWL	7	N			Waterloo, IA
KXLT-TV	46	I			Rochester, MN
KXLT-2	46.1	I-M			Rochester, MN
KXLT-HD	46.2	I-M			Rochester, MN
KYIN	18	E			Mason City, IA

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 35539 Farmers Mutual Telephone Co 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: 2022/1

TORWI SAJE, TAGE 3.						Accountine	11 LINIOD. 2022/1
Farmers Mutual Telepi		EM:				SYSTEM ID# 35539	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	<b>i</b>			
In General: In space I, ident substitute basis during the acexplanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizatior	s. For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant stat		ır cable system	carry, on a substitute bas	s, any nonne	etwork television progr		Special Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you m	ust complete the progi	am	
2. LOG OF SUBSTITUTE	PROGRA	MS					<u> </u>
In General: List each subst				wherever po	ssible, if their meaning	is	
clear. If you need more spa			. 0	ragram) that	during the accounting		
period, was broadcast by a			ision program (substitute p our cable svstem substitute				
under certain FCC rules, re	gulations, c	or authorization	s. See page (vi) of the ger	eral instructi	ons located in the pap	er	
SA3 form for futher informa titles, for example, "I Love L	tion. Do no	ot use general o	categories like "movies", o	"basketball"	. List specific progran	1	
			r "Yes." Otherwise enter "N	lo."			
Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	m.			
Column 4: Give the broathe case of Mexican or Can			ne community to which the			า	
			tem carried the substitute			onth	
first. Example: for May 7 given	/e "5/7."			-			
<b>Column 6:</b> State the time to the nearest five minutes.			gram was carried by your o			ely	
stated as "6:00–6:30 p.m."	Елапіріс. є	a program cam	cd by a system nom o.o r.	10 p.111. to 0.2	20.00 p.m. snould be		
			was substituted for progra				
to delete under FCC rules a gram was substituted for pr							
effect on October 19, 1976.	-	that your syste	on was permitted to delete	under 1 00	ruics and regulations i		
							ļ
	LIBSTITLIT	E PROGRAM	1		EN SUBSTITUTE HAGE 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		
					_		
		<del> </del>					
					_		
					_		
					_		

ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 6.

	LECAL NAME OF	OWNER OF CABLE	CVCTEM						SYSTEM ID#	
Name	Farmers Mutual Telephone Co 35539									
	PART-TIME CA	ARRIAGE I OG								
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."									
			DAT	TES AND HOURS	OF F	PART-TIME CAR	RIAGE			
		WHEN	N CARRIAGE OC	CURRED			WHEN	N CARRIAGE OCC	LIRRED	
	CALL SIGN	*****		URS		CALL SIGN	*****	HOL		
		DATE	FROM	TO			DATE	FROM	TO	
					-				_	
									_	
					-				-	
					-				_	
		l								
					-					
				_					_	
				_					_	
				_				_	_	
				_				_	_	
				_					-	
				_					_	
									_	
				_					-	
									-	
									_	
									-	
									-	
									_	
									_	
					-				-	
									-	
					-					

LEGA	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#				
Far	mers Mutual Telephone Co		35539	Name			
Inst all a (as i page	COSS RECEIPTS ructions: 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 dentifed in space E) during the accounting period. For a further explanation of how to contend (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.	lary transmission s apute this amount,	939,350.82	<b>K</b> Gross Receipts			
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	ss receipts)				
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.							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be e k 3 below.	ntered on line 1 of					
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ent low.	ered on line 2 in blo	ock				
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	be entered on line					
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee 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	\$	939,350.82				
	Enter the result here.						
	This is your minimum fee.	\$	9,994.69				
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  In No—Leave block 3 below blank and co Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	4, you must check					
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00				
	Line 3. Add lines 1 and 2 and enter here	\$	-				
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	<u>\$</u>	9,994.69	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	Section 111(d)(7) should contact			
	Line 4. FILING FEE	\$	725.00	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	\$	10,719.69	appropriate form for submitting the			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Segeneral instructions located in the paper SA3 form for more information.)	e page (i) of the		additional fees.			

Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Farmers Mutual Telephone Co	35539
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	Enter the total number of channels on which the cable	
	system carried television broadcast stations	
	Enter the total number of activated channels     on which the cable system carried television broadcast stations	
	and nonbroadcast services	
	4.4.10.1.7.04.04.04.04.04.04.04.04.04.04.04.04.04.	
	INDIVIDUAL TO DE CONTACTED IS SUBSTITUTED INFORMATION IO MESTER (Advertify one in dividual	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Individual to	We can contact about the statement of account.	
Be Contacted		
for Further	Name Melanie Johanns Telephone 641-749-2531	
Information		
	Address 608 E Congress Street, P.O. Box 518	
	(Number, street, rural route, apartment, or suite number)	
	Nora Springs, IA 50488	
	(City, town, state, zip)	
	Email mjohanns@omnitel.biz Fax (optional)	
	Tax (optional)	
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	Common control and composition of particles in property of the control of the con	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified	
	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 identified as owner of the cable system	
	in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein	
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1001(1986)]	
	/s/Ronald Laudner Jr	
	Enter an electronic signature on the line above using an "/a/" signature to codify this atatament	
	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 stash of the /s/ signature, place your cursor in the box and press the	"F2"
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: Ronald Laudner Jr	
	, , , , , , , , , , , , , , , , , , , ,	
	Title: President/CEO	
	(Title of official position held in corporation or partnership)	
	Date: August 16, 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 suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nama
Farmers Mutual Telephone Co 35539	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	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
* 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@loc.gov.	
** 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 original filing.	
Owner Address	
First community served Accounting period ID number	

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

ACCOUNTING PERIOD: 2022/1

DSE SCHEDULE. PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **SCHEDULE**

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

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

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
   the rates given above;
   the total number of DSEs for that group's complement of stations;
   and
   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.

service areas (	of stations B, D, and E.	TC
Santa Rosa	Stations A and C 35 mile zone	Mi
	`~ - / `	(S
-	Fairvale	Gr
Rapid City		DS
		Ва
	Bodega	\$3
	<b>-</b> ► Bay	\$3
<b>/</b>		Ва
<b>\</b> an	ns B, D, d E le zone	To In
` -	_ /	I

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

linimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	\$6.384.00

		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

**ACCOUNTING PERIOD: 2022/1** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			S	YSTEM ID#			
1	Farmers Mutual Telephone Co 355								
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	0.00							
2 Computation of DSEs for	Instructions: In the column headed "Call S of space G (page 3). In the column headed "DSE" mercial educational station, giv	: for each indepe	endent station, give the DSE						
Category "O"	meretai e aacaaciiai etaacii, gii	<u> </u>	CATEGORY "O" STATION	IS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as necessary.									
Remember to copy all formula into new									
rows.									

	 P	p	<del></del>

Name		wner of cable system: cual Telephone Co					S	35539
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	E
			÷ ÷ ÷ ÷ ÷ ÷ ÷		= = = = = = = = = = = = = = = = = = =	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.			▶	x 0.00	=	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe     Broadcast o space I).     Column 2: I at your option.     Column 3: I Column 4: I	ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum	tution for a prog as shown by the ork programs dur number of live, pond with the in in the calendar n 2 by the figure	ram that your system letter "P" in column 7 ing that optional carrismonnetwork programs formation in space I. year: 365, except in a in column 3, and giv	was permitted to or space I); and age (as shown by the carried in substitute a leap year. e the result in column to the column to the carried in substitute a leap year.	ograms) if that station: delete under FCC rules a the word "Yes" in column 2 of tution for programs that w umn 4. Round to no less to e general instructions in t	of vere deleted than the third	).
		Sl	JBSTITUTE-I	BASIS STATION	IS: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBEI OF DAYS IN YEAR	3	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=		÷		=
		-		=		-		=
		-		=		÷		=
		-		=		<u> </u>		=
	Add the DSEs	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		dule,	▶	0.00		
5		R OF DSEs: Give the amo		oxes in parts 2, 3, and	4 of this schedule	and add them to provide th	ne total	
Total Number	1. Number	of DSEs from part 2 ●			ı	<b>&gt;</b>	0.00	
of DSEs		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: 2022/1

LEGAL NAME OF O							S	YSTEM ID# 35539	Name
Instructions: Block A must be completed. In block A:  • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.  • If your answer if "No," complete blocks B and C below.									6
BLOCK A: TELEVISION MARKETS								Computation of	
effect on June 24, Yes—Com	1981?	schedule—D	,	er markets as defin LETE THE REMAIN			C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	FCC rules and re	of distant stagulations price	ntions listed in porto June 25, 1	part 2, 3, and 4 of the 981. For further ex e letter M below ref	nis schedule t planation of p	that your syster permitted station	ns, see the	Ţ	
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 scheduant to individually carrie	ations cited be to the FCC mark in 76.5(kk) (76.5) I station [76.595) (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 76.4 to 76.61(d)] andfathered sta	.63(a) referring to 61(e)(1) tions in the		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	lof	
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	
		I	BLOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of I	DSEs from բ	part 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	ss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here						partially permited/ partially
Line 6: Enter tota	al number of DSE	Es from line	3				X		nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 and	d enter here	and on line 2	. block 3. space L	(page 7)			0.00	J manuchons.

**ACCOUNTING PERIOD: 2022/1** 

Name	LEGAL NAME OF OWN		1:		SYSTEM ID#					
	Farmers Mutual	I Telephone Co			35539					
Worksheet for Computating the DSE Schedule for Permitted 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									
		PERMITTED DS	E FOR STATIONS CARE	RIED ON A PART-TIME AND SUBSTITUT	TE BASIS					
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF 5. PRES						
	SIGN	DSE	PERIOD	CARRIAGE DS	E DSE					
<b>7</b> Computation		"Yes," complete block								
of the	If your answer is '	"No," leave blocks B a		part 8 of the DSE schedule.						
Syndicated			BLOCK A: MAJOI	R TELEVISION MARKET						
Exclusivity Surcharge	Is any portion of the c	able system within a to	p 100 major television ma	rket as defned by section 76.5 of FCC rules	in effect June 24, 1981?					
	l <b>—</b>	blocks B and C .		No—Proceed to part 8						
	BLOCK B: C	arriage of VHF/Grade	B Contour Stations	BLOCK C: Computation of Exempt DSEs						
	Is any station listed in commercial VHF static or in part, over the cab	on that places a grade		Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)						
	Yes—List each st  No—Enter zero at	Yes—List each station below with  X  No—Enter zero and proceed to pa								
	CALL SIGN	DSE CA	LL SIGN DSE	CALL SIGN DSE	CALL SIGN DSE					
		<u> </u>								
				···						
		TO	TAL DSEs 0.00	╝	TOTAL DSEs 0.00					

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Farmers Mutual Telephone Co	SYSTEM ID# 35539	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	939,350.82	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?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSI 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 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)		
	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			'STEM ID# 35539					
<b>7</b> 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.	35539					
		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	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below it.  It is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.						
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	_	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.						
	<u> </u>	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 <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1).	-					
		Base Rate Fee.	0.00					

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/1

	AME OF OWNER OF CABLE SYSTEM: ers Mutual Telephone Co	SYSTEM ID# 35539	Name
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		_
7	A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶  \$		8
	B. Enter 0.00701 of gross receipts  (the amount in section 1)  ▶ \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here	_	Dase 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 broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channed.	0	9
In Gen receipt exclusi First: I station DSEs a	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee is from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:  Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to 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 a children group. That total is the base rate fee for your system.	o the same the number of	Computation of Base Rate Fee 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 property a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
Step 1	Identify 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.	tion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that st ne token, 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. ber 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.		
Compi	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	tem's subscriber	
In each Identi Give	section:  fy the communities/areas represented by each subscriber group.  the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	ll of the	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it is schedule; or,	n parts 2, 3, and	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	olock B,	
•	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 is paper SA3 form.	instructions	
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 In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form.	at is, the total	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	TEM ID#
Hame	Farmers Mutual Telephone Co	35539
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	<b>Step 1:</b> 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.	

EGAL NAME OF OWNE Farmers Mutual To						S	YSTEM ID# 35539	Nan
	BLOCK	A: COMPUTATION (	OF BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA	Greene	e-Butler Co		COMMUNITY/ AREA		loyd, Marble Rock		<b> 9</b>
						ockford-Floyd County		Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndica
								Exclusiv
								Surcha
								for
								Partial
								Distan
								Station
otal DSEs			0.00	Total DSEs			0.00	
`raaa Daasinta Firat C		•	29,119.88	Cross Bossints Coss	nd Croun	. 3	00 502 26	
Bross Receipts First G	roup	\$	29,119.00	Gross Receipts Seco	na Group	\$ 3	00,592.26	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA	All Oth	er Communities		COMMUNITY/ AREA			0	
loward Co., Mitchell								
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O/ IEE GIGIT	DOL	O/ LEE GIGIT	DOL	O/ILL GIGIT	DOL	CALL GIGIT	DOL	
					····			
					····			
					····			
	···				····		····	
	····				····		····	
	····				····		····	
	····		·····		····		····	
		H						
		H						
							····	
							····	
otal DSEs			0.00	Total DSEs	1		0.00	
		-						
Gross Receipts Third C	Group	<u>\$</u>	09,638.68	Gross Receipts Fourt	h Group	<u>\$</u>	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
sase Rate Fee: Add th	ne <b>base ra</b> t	te fees for each subsci	iber group as	shown in the boxes abo	ve.			
inter here and in block			٠,			\$	0.00	
						_		

LEGAL NAME OF OWNE Farmers Mutual To							35539	Name
				TE FEES FOR EAC				
FIRST SUBSCRIBER GROUP						O SUBSCRIBER GRO		9
COMMUNITY/ AREA	Greene	-Butler Co	COMMUNITY/ AREA		Rudd, Floyd, Marble Rock a Springs, Rockford-Floyd County			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially
								Distant
								Stations
	<u> </u>							
	<u> </u>							
	<b>-</b>	<u> </u>						
		<del> </del>						
Total DSEs	ļ	П	0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roup	\$ 2	9,119.88	Gross Receipts Sec	ond Group	\$	300,592.26	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURT	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA Howard Co., Mitchell		er Communities Gordo Co.		COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
0.122.27077								
	···	<b> </b>	····					
	···	<b> </b>	····					
	···	H	····					
	···	H	····					
	····	<del> </del>	·····					
	•				•••••	H		
	•	H			•••••	H		
	•				•••••	H		
		H						
		H						
		<del> </del>						
		<del> </del>						
Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts Third Group \$ 609,638.68		Gross Receipts Fourth Group \$			0.00			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	
Base Rate Fee: Add th			criber group a	as shown in the boxes	above.		0.00	
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	