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

Return completed workbook by email to:

# 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          |
| 08/03/22      | \$              |
|               |                 |

## coplicsoa@copyright.gov

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

| Α   | AC                     | COUNTING PERIOD COVERED BY THIS STATEMENT:   |  |   |              |        |
|---|------------------------|--|--|---|--------------|--------|
| Accounting<br>Period  |                        | 2022/1   |  |   |              |        |
| <b>B</b><br>Owner   | rate                   | tructions:<br>Give the full legal name of the owner of the cable system. If the owner is a<br>title of the subsidiary, not that of the parent corporation.<br>List any other name or names under which the owner conducts the busine<br>If there were different owners during the accounting period, only the owner<br>ingle statement of account and royalty fee payment covering the entire acco<br>Check here if this is the system's first filing. If not, enter the system's ID | ess of the cable system<br>or on the last day of the<br>punting period.                | n.<br>e accounting period should sub  |              | 040548 |
|   | LE                     | EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM   |  |   |              |        |
|   |                        | WideOpenWest, Inc.   |  |   |              |        |
|   |                        | Wide Open West Michigan LLC  |  |   |              |        |
|   |                        |  |  |   | 040548       | 820221 |
|   |                        |  |  |   | 040548       | 2022/1 |
|   |                        | 7887 E. Belleview Ave., Ste. 1000<br>Englewood, CO 80111-6007  |  |   |              |        |
| С   |                        | STRUCTIONS: In line 1, give any business or trade names used to  |  |   |              |        |
|   | nar                    | nes already appear in space B. In line 2, give the mailing address o   | f the system, if diffe   | rent from the address giver   | 1 in space E | 3.     |
| 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   | Ins                    | tructions: For complete space D instructions, see page 1b. Identify  | y only the frst comm   | unity served below and reli   | st on page   | 1b     |
| Area  | wit                    | n all communities.   |  |   |              |        |
| Served  |                        | CITY OR TOWN   | STATE  |   |              |        |
| First   |                        | Plymouth   | MI   |   |              |        |
| Community   | E                      | elow is a sample for reporting communities if you report multiple ch   | 1 1  |   |              |        |
|   | Ald                    | CITY OR TOWN (SAMPLE)  | STATE<br>MD  | CH LINE UP  |              | GRP#   |
| Sample  |                        | ance   | B  |   | 2            |        |
|   |                        | ring   | MD   | В   |              | 3      |
|   | 6                      |  |  |   |              |        |
| form in order to pro<br>numbers. By provid<br>search reports prep | cess<br>ing Pl<br>ared | tion 111 of title 17 of the United States Code authorizes the Copyright Offce to collect<br>your statement of account. PII is any personal information that can be used to identify<br>I, you are agreeing to the routine use of it to establish and maintain a public record, v<br>for the public. The effect of not providing the PII requested is that it may delay proces<br>ements of account, and it may affect the legal suffciency of the fling, a determination to          | v or trace an individual, su<br>which includes appearing<br>using of your statement of | ich as name, address and telepho<br>in the Offce's public indexes and i<br>account and its placement in the | one          |        |

|   | FORM SA3E. PAGE 1b. |
|---|---------------------|
| Γ | LEGAL NAME OF OWNE  |

| FORM SA3E. PAGE 1b.  |   |  |                   |                        |
|--|---|--|-------------------|------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |   |  | SYSTEM ID#        |                        |
| WideOpenWest, Inc.   |   |  | 040548            |                        |
| <b>Instructions:</b> List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpo areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identifcation hereafter known as the "first community." Please use it as the first | rated communitie<br>community that y<br>community on al | es within unincorpo<br>you list will serve as<br>l future filings. | rated<br>s a form | D<br>Area<br>Served    |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town.   | e parks should be                                       | reported in paren  | theses            |                        |
| If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each releadesignated by a number (based on your reporting from Part 9).                              | column blank. If  | you report any sta   | tions             |                        |
| When reporting the carriage of television broadcast stations on a community-by-commun<br>channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a<br>(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be   | a subscriber grou                                       |  |                   |                        |
| CITY OR TOWN   | STATE   | CH LINE UP   | SUB GRP#          |                        |
| Plymouth   | MI  |  |                   | First                  |
| Allen Park   | МІ  |  |                   | Community              |
| Berkley  | м   |  |                   |                        |
| Beverly Hills  | м   |  |                   |                        |
| Birmingham   | м   |  |                   |                        |
| Canton Township  | м   |  |                   | See instructions for   |
| Center Line  | м   |  |                   | additional information |
| Clawson  | MI  |  |                   | on alphabetization.    |
| Clinton  | MI  |  |                   |                        |
| Dearborn   | MI  |  |                   |                        |
| Dearborn Heights   | MI  |  |                   |                        |
| Eastpointe   | MI  |  |                   | Add rows as necessary. |
| Farmington   | MI  |  |                   |                        |
| Ferndale   | MI  |  |                   |                        |
| Fraser   | MI  |  |                   |                        |
| Garden City  | MI  |  |                   |                        |
| Gibraltar  | MI  |  |                   |                        |
| Grosse lle Township  | MI  |  |                   |                        |
| Grosse Pointe Shores   | MI  |  |                   |                        |
| Grosse Pointe Woods  | MI  |  |                   |                        |
| Harper Woods   | MI  |  |                   |                        |
| Harrison Township  | MI  |  |                   |                        |
| Hazel Park   | MI  |  |                   |                        |
| Huntington Woods   | MI  |  |                   |                        |
| Lathrup Village  | MI  |  |                   |                        |
| Lincoln Park   | MI  |  |                   |                        |
| Livonia  | MI  |  |                   |                        |
| Madison Heights  | MI  |  |                   |                        |
| Melvindale   | MI  |  |                   |                        |
| Mt. Clemens  | MI  |  |                   |                        |
| Northville   | MI  |  |                   |                        |
| Northville Township  | MI  |  |                   |                        |
| Pleasant Ridge   | MI  |  |                   |                        |
| Plymouth Township  | MI  |  |                   |                        |
| Redford  | MI  |  |                   |                        |
| Riverview  | MI  |  |                   |                        |
| Rochester  | MI  |  |                   |                        |
| Rochester Hills  | MI  |  |                   |                        |
|  | L   |  |                   | 1 I                    |

| Roseville        | MI |  |
|------------------|----|--|
| Royal Oak        | MI |  |
| Shelby Township  | МІ |  |
| Southgate        | MI |  |
| St. Clair Shores | MI |  |
| Sterling Heights | MI |  |
| Taylor           | MI |  |
| Trenton          | MI |  |
| Тгоу             | MI |  |
| Utica            | MI |  |
| Warren           | MI |  |
| Wayne            | MI |  |
| Westland         | MI |  |
| Woodhaven        | MI |  |
|                  |    |  |
|                  |    |  |

| Name                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:   |                  |           |                         |              |                   |              |                |              | MID         |
|---------------------------|--|------------------|-----------|-------------------------|--------------|-------------------|--------------|----------------|--------------|-------------|
| name                      | WideOpenWest, Inc.   |                  |           |                         |              |                   |              |                | 04           | 1054        |
| F                         | SECONDARY TRANSMISSION   |                  | -         |                         | -            |                   |              |                |              |             |
| E                         | In General: The information in s   |                  |           | -                       |              |                   |              |                |              |             |
| Secondary                 | system, that is, the retransmission  |                  |           |                         |              |                   |              |                |              |             |
| Secondary<br>Transmission | about other services (including p<br>last day of the accounting period   | • • •            |           |                         | •            |                   | iose existii | ng on the      |              |             |
| Service: Sub-             |  |                  |           |                         |              |                   | le system,   | broken         |              |             |
| scribers and              | <b>Number of Subscribers:</b> 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 |                  |           |                         |              |                   |              |                |              |             |
| Rates                     | each category by counting the nu   |                  |           |                         |              |                   |              | charged        |              |             |
|                           | separately for the particular serv<br>Rate: Give the standard rate c   |                  |           |                         |              |                   |              | e and the      |              |             |
|                           | unit in which it is generally billed   | -                | -         | -                       |              |                   | -            |                |              |             |
|                           | category, but do not include disc  | · · ·            | ,         |                         | , etanuar    |                   |              |                |              |             |
|                           | Block 1: In the left-hand block  |                  |           | •                       |              |                   |              |                |              |             |
|                           | systems most commonly provide  |                  |           |                         |              |                   |              |                |              |             |
|                           | that applies to your system. <b>Note</b> categories, that person or entity   |                  |           | -                       |              | -                 |              |                |              |             |
|                           | subscriber who pays extra for ca   |                  |           |                         |              |                   | •            |                |              |             |
|                           | first set" and would be counted o  |                  |           |                         |              |                   |              |                |              |             |
|                           | Block 2: If your cable system h  | -                |           | -                       |              |                   |              |                |              |             |
|                           | printed in block 1 (for example, the printed in block 1 (for example, the pumber of pubbersibers at  |                  |           |                         |              | •                 | ,            | -              |              |             |
|                           | with the number of subscribers a sufficient.   | na rates, in the | e right-r | iand block. A tv        | vo- or three | e-wora descripti  | on of the s  | ervice is      |              |             |
|                           |  | DCK 1            |           |                         |              |                   | BLOC         | К 2            |              |             |
|                           |  | NO. OF           |           | RATE                    | CAT          |                   |              | NO. OF         | В            | ATE         |
|                           | CATEGORY OF SERVICE<br>Residential:  | SUBSCRIB         | EKS       | RAIE                    | CAT          | EGORY OF SEI      | <b>VICE</b>  | SUBSCRIBERS    | K/           |             |
|                           | Service to first set   | 6                | 1,458     | \$ 57.75                |              |                   |              |                |              |             |
|                           | Service to additional set(s)   |                  | 1,400     | \$ 57.75                |              |                   |              |                |              |             |
|                           | • FM radio (if separate rate)  |                  |           |                         |              |                   |              |                |              |             |
|                           | Motel, hotel   |                  |           |                         |              |                   |              |                |              |             |
|                           | Commercial   |                  | 86        | \$ 57.75                |              |                   |              |                |              |             |
|                           | Converter  |                  |           |                         |              |                   |              |                |              |             |
|                           | Residential  | 7                | 1,348     | 2.00-13.00              |              |                   |              |                |              |             |
|                           | Non-residential  |                  |           |                         |              |                   |              |                |              |             |
|                           |  |                  |           |                         | ·<br>、       |                   |              |                |              |             |
| _                         | SERVICES OTHER THAN SEC<br>In General: Space F calls for rat   |                  |           |                         |              | l vour cable svst | em's servi   | ces that were  |              |             |
| F                         | not covered in space E, that is, the   |                  | ,         |                         | •            | • •               |              |                |              |             |
|                           | service for a single fee. There ar   |                  |           |                         |              |                   |              |                |              |             |
| Services                  | furnished at cost or (2) services  |                  |           |                         |              |                   |              |                |              |             |
| Other Than<br>Secondary   | amount of the charge and the un  |                  | usually   | billed. If any ra       | ites are ch  | arged on a varia  | ible per-pro | ogram basis,   |              |             |
| ransmissions:             | enter only the letters "PP" in the rate column.<br>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.   |                  |           |                         |              |                   |              |                |              |             |
| Rates                     | Block 2: List any services that  |                  |           |                         | -            |                   |              |                |              |             |
|                           | listed in block 1 and for which a  |                  |           |                         | shed. List   | these other serv  | ices in the  | form of a      |              |             |
|                           | brief (two- or three-word) descrip   | tion and includ  | de the ra | ate for each.           |              |                   | 1            |                |              |             |
|                           |  | BLO              |           |                         |              |                   |              | BLOCK 2        |              |             |
|                           | CATEGORY OF SERVICE  | RATE             |           | GORY OF SER             |              | RATE              | CATEGO       | DRY OF SERVICE | : R/         | ATE         |
|                           | Continuing Services:   | 40.00.48.00      |           | ation: Non-res          | idential     |                   |              |                |              |             |
|                           | • Pay cable  | 10.99-18.00      | 1         | otel, hotel<br>mmercial |              |                   | Expande      | d Sarvica      | 99.45-       | 104         |
|                           | Pay cable—add'l channel     Fire protection  |                  |           | y cable                 |              |                   | Digital B    | ed Service     | 99.45-<br>\$ | 104.<br>25. |
|                           | •Burglar protection  |                  |           | y cable-add'l cl        | nannel       |                   | HD Pak       |                | \$           | 25.<br>8.   |
|                           | Installation: Residential  |                  |           | e protection            |              |                   | ar           |                |              |             |
|                           | • First set  | \$ 50.00         |           | rglar protection        |              |                   |              |                |              |             |
|                           | Additional set(s)  |                  | 1         | services:               |              |                   |              |                |              |             |
|                           | • FM radio (if separate rate)  |                  | •Re       | connect                 |              | \$ 40.00          |              |                |              |             |
|                           | • Converter  |                  | • Dis     | sconnect                |              | \$ 50.00          |              |                |              |             |
|                           |  |                  | •Ou       | tlet relocation         |              | \$ 20.00          |              |                |              |             |
|                           |  |                  | • Mo      | ove to new add          | ess          | \$ 40.00          |              |                |              |             |
|                           |  |                  |           |                         |              |                   |              |                |              |             |

| FORM SA3E. PAGE 3.  | ER OF CABLE SY  | 'STEM.  |  |  | SYSTEM ID#   |  |
|---|---|---|--|--|--|--|
| WideOpenWest  |   | OTEM.   |  |  | 040548   | Name   |
| PRIMARY TRANSMITTE  | •   | N   |  |  |  |  |
| In General: In space G<br>carried by your cable s<br>FCC rules and regulation   | 6, identify every<br>ystem during th<br>ons in effect or  | / television sta<br>ne accounting<br>n June 24, 198   | period, except<br>81, permitting th  | (1) stations carrie<br>le carriage of cert   | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections<br>nd (2) certain stations carried on a  | <b>G</b><br>Primary                            |
| substitute program bas  |   |   | •  | carried by your o  | able system on a substitute program  | Transmitters:                                  |
| basis under specifc FC  |   |   |  | carried by your c  | able system on a substitute program  | Television                                     |
|   | -   |   | t it in space I (th  | e Special Statem   | ent and Program Log)—if the  |  |
| basis. For further inf  | and also in spa<br>formation conc   | ice I, if the sta   |  |  | ute basis and also on some other<br>f the general instructions located   |  |
| in the paper SA3 for<br>Column 1: List each   |   | sign. Do not r  | eport originatior  | n program service  | s such as HBO, ESPN, etc. Identify   |  |
|   |   |   |  |  | tion. For example, report multi-   |  |
| cast stream as "WETA∙<br>WETA-simulcast).   | -2". Simulcast  | streams must  | be reported in o   | column 1 (list eac   | n stream separately; for example   |  |
| Column 2: Give the  |   |   | -  |  | on for broadcasting over-the-air in  |  |
| its community of license<br>on which your cable sys   |   |   | annel 4 in Wash  | ington, D.C. This  | may be different from the channel  |  |
|   |   |   | ation is a netwo   | rk station, an inde  | pendent station, or a noncommercial  |  |
| · · ·   | •   |   |  |  | ast), "I" (for independent), "I-M"<br>mmercial educational multicast).   |  |
| For the meaning of the  | <i></i>   |   | <i>,</i> ·   | •  | ,  |  |
|   |   |   |  |  | es". If not, enter "No". For an ex-  |  |
| planation of local servic<br>Column 5: If you ha  |   |   |  |  | stating the basis on which your  |  |
| cable system carried th   | ne distant statio   | on during the a   | accounting perio   | od. Indicate by en   | ering "LAC" if your cable system   |  |
| carried the distant station   | on on a part-tir  | ne basis beca   |  | ctivated channel   | capacity.  |  |
| Ear the retronomical  | ion of a distant  | multicast stre  | com that is not a  | which to a revalt  | novment because it is the subject  |  |
|   |   |   |  |  | payment because it is the subject<br>tem or an association representing  |  |
| of a written agreement<br>the cable system and a  | entered into or<br>a primary transi   | n or before Ju<br>mitter or an as   | ne 30, 2009, be<br>ssociation repre  | tween a cable system<br>senting the prima  | item or an association representing<br>y transmitter, enter the designa-   |  |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s  | entered into or<br>a primary transi<br>simulcasts, also   | n or before Ju<br>mitter or an as<br>o enter "E". If <u>'</u>   | ne 30, 2009, be<br>ssociation repres<br>you carried the o  | tween a cable sys<br>senting the prima<br>channel on any ot  | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further   |  |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the  | entered into or<br>a primary transi<br>simulcasts, also<br>ree categories   | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)  | ne 30, 2009, be<br>ssociation repre<br>you carried the o<br>of the general i   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate  | item or an association representing<br>y transmitter, enter the designa-   |  |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C  | entered into or<br>primary transmissimulcasts, also<br>ree categories<br>clocation of ea<br>canadian statio   | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give  | ne 30, 2009, be<br>ssociation repre-<br>you carried the o<br>of the general i<br>r U.S. stations, l<br>e the name of th  | tween a cable system<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>are community with   | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.   |  |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C  | entered into or<br>primary transmissimulcasts, also<br>ree categories<br>clocation of ea<br>canadian statio   | n or before Ju<br>mitter or an as<br>o enter "E". If f<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups,  | ne 30, 2009, be<br>ssociation repre-<br>you carried the o<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate  | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each                                | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.   |  |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C  | entered into or<br>primary transmissimulcasts, also<br>ree categories<br>clocation of ea<br>canadian statio   | n or before Ju<br>mitter or an as<br>o enter "E". If f<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups,  | ne 30, 2009, be<br>ssociation repre-<br>you carried the o<br>of the general i<br>r U.S. stations, l<br>e the name of th  | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each                                | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.   |  |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizing   | entered into or<br>a primary transu-<br>simulcasts, also<br>ree categories.<br>e location of ea<br>canadian statio<br>g multiple char<br>2. B'CAST  | n or before Ju<br>mitter or an as<br>p enter "E". If y<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups,<br><b>CHANN</b><br>3. TYPE   | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?  | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br>AA<br>5. BASIS OF           | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.   |  |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizing   | entered into or<br>a primary transi<br>simulcasts, also<br>ree categories,<br>location of ea<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL  | n or before Ju<br>mitter or an as<br>p enter "E". If f<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF   | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>y to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.   |  |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizing<br>1. CALL<br>SIGN  | entered into or<br>a primary transu-<br>simulcasts, also<br>ree categories,<br>e location of ea<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER   | n or before Ju<br>mitter or an as<br>penter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION  | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br>AA<br>5. BASIS OF           | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.   |  |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizing<br>1. CALL<br>SIGN<br><b>CBET</b>   | entered into or<br>a primary transi<br>simulcasts, also<br>ree categories<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9  | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I  | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>ty transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont  |  |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizing<br>1. CALL<br>SIGN<br><b>CBET</b><br>WADL   | entered into or<br>a primary transu-<br>simulcasts, also<br>ree categories,<br>a location of ea<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39  | n or before Ju<br>mitter or an as<br>penter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, given<br>nel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I  | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate :<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI  | See instructions for                           |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast   | entered into or<br>a primary transi<br>simulcasts, also<br>ree categories,<br>location of ea<br>anadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39  | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I   | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate :<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>ty transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Mt. Clemens, MI  | See instructions for<br>additional information |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast   | entered into or<br>a primary transu-<br>simulcasts, also<br>ree categories,<br>a location of ea<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39  | n or before Ju<br>mitter or an as<br>penter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, given<br>nel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I  | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate :<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>v to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI  | additional information                         |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV   | entered into or<br>a primary transi<br>simulcasts, also<br>ree categories,<br>location of ea<br>anadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39  | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I   | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate :<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>ty transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Mt. Clemens, MI  | additional information                         |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV<br>WDIV-2   | entered into or<br>a primary transu-<br>simulcasts, also<br>ree categories.<br>a location of ea<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>45  | n or before Ju<br>mitter or an as<br>penter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>N  | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>ty transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Detroit, MI  | additional information                         |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV<br>WDIV-2<br>WDIV-3   | entered into or<br>a primary transi<br>simulcasts, also<br>ree categories,<br>location of ea<br>anadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>39<br>45<br>45  | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>N<br>N-M   | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate :<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Detroit, MI<br>Detroit, MI  | additional information                         |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV-2<br>WDIV-2<br>WDIV-3<br>WDIV-4   | entered into or<br>a primary transi-<br>simulcasts, also<br>ree categories,<br>location of ea<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>45<br>45<br>45<br>45  | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>N<br>N-M<br>N-M   | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>ty transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI  | additional information                         |
| of a written agreement<br>the cable system and a<br>cion "E" (exempt). For s<br>explanation of these thi<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV-2<br>WDIV-2<br>WDIV-4<br>WDIV-simulcast   | entered into or<br>a primary transi-<br>simulcasts, also<br>ree categories,<br>location of ea-<br>anadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>39<br>45<br>45<br>45<br>45<br>45  | n or before Ju<br>mitter or an as<br>penter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>N<br>N-M<br>N-M<br>N-M   | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate :<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>/ to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI   | additional information                         |
| of a written agreement<br>the cable system and a<br>ion "E" (exempt). For s<br>explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV-2<br>WDIV-2<br>WDIV-3<br>WDIV-4<br>WDIV-simulcast<br>WJBK   | entered into or<br>a primary transminulcasts, also<br>ree categories,<br>location of ea<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>39<br>45<br>45<br>45<br>45<br>45<br>45<br>45<br>7   | n or before Ju<br>mitter or an as<br>penter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>N<br>N-M<br>N-M<br>N-M<br>N-M<br>N                                      | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate :<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO                   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>/ to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI   | additional information                         |
| of a written agreement<br>the cable system and a<br>cion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV-2<br>WDIV-2<br>WDIV-3<br>WDIV-4<br>WDIV-4<br>WDIV-simulcast<br>WJBK<br>WJBK-2   | entered into or<br>a primary transi-<br>simulcasts, also<br>ree categories,<br>location of ea<br>anadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>45<br>45<br>45<br>45<br>45<br>45<br>7<br>7   | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>I<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M                                  | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate a<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Mt. Clemens, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI  | additional information                         |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV-2<br>WDIV-2<br>WDIV-3<br>WDIV-3<br>WDIV-4<br>WDIV-simulcast<br>WJBK<br>WJBK-2<br>WJBK-3   | entered into or<br>a primary transmisimulcasts, also<br>ree categories,<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>45<br>45<br>45<br>45<br>45<br>45<br>7<br>7<br>7<br>7  | n or before Ju<br>mitter or an as<br>penter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M                          | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>ty transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Detroit, MI  | additional information                         |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV-2<br>WDIV-2<br>WDIV-3<br>WDIV-4<br>WDIV-4<br>WDIV-simulcast<br>WJBK-2<br>WJBK-3<br>WJBK-4   | entered into or<br>a primary transi-<br>simulcasts, also<br>ree categories,<br>e location of ea-<br>anadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>45<br>45<br>45<br>45<br>45<br>45<br>7<br>7<br>7<br>7<br>7                               | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>I<br>N<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M        | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, le<br>the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Mt. Clemens, MI<br>Detroit, MI   | additional information                         |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV-2<br>WDIV-2<br>WDIV-3<br>WDIV-4<br>WDIV-4<br>WDIV-simulcast<br>WJBK-2<br>WJBK-3<br>WJBK-4<br>WJBK-simulcast   | entered into or<br>a primary transmisimulcasts, also<br>ree categories,<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>45<br>45<br>45<br>45<br>45<br>45<br>7<br>7<br>7<br>7  | n or before Ju<br>mitter or an as<br>penter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M                          | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>ty transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Detroit, MI  | additional information                         |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV<br>WDIV-2<br>WDIV-2<br>WDIV-3<br>WDIV-4<br>WDIV-4<br>WDIV-4<br>WDIV-4<br>WDIV-simulcast<br>WJBK-2<br>WJBK-2<br>WJBK-4<br>WJBK-4<br>WJBK-simulcast         | entered into or<br>a primary transi-<br>simulcasts, also<br>ree categories,<br>e location of ea-<br>anadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>45<br>45<br>45<br>45<br>45<br>45<br>7<br>7<br>7<br>7<br>7                               | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>I<br>N<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M        | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, le<br>the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Mt. Clemens, MI<br>Detroit, MI   | additional information                         |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br>Column 6: Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>(CBET<br>WADL<br>WADL-simulcast<br>WDIV-2<br>WDIV-2<br>WDIV-3<br>WDIV-4<br>WDIV-4<br>WDIV-5imulcast<br>WJBK-2<br>WJBK-3<br>WJBK-4<br>WJBK-simulcast<br>WJBK-simulcast                                   | entered into or<br>a primary transi-<br>simulcasts, also<br>ree categories,<br>location of ea<br>anadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>39<br>45<br>45<br>45<br>45<br>45<br>45<br>7<br>7<br>7<br>7<br>7<br>7                       | n or before Ju<br>mitter or an as<br>penter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv<br>anel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M      | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Detroit, MI   | additional information                         |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizing   | entered into or<br>a primary transi-<br>simulcasts, also<br>ree categories,<br>e location of ea-<br>anadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>39<br>45<br>45<br>45<br>45<br>45<br>45<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>34         | n or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>N<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, le<br>the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Windsor, Ont<br>Mt. Clemens, MI<br>Mt. Clemens, MI<br>Detroit, MI   | additional information                         |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>CBET<br>WADL<br>WADL-simulcast<br>WDIV-2<br>WDIV-2<br>WDIV-2<br>WDIV-3<br>WDIV-4<br>WDIV-4<br>WDIV-4<br>WDIV-simulcast<br>WJBK<br>WJBK-2<br>WJBK-3<br>WJBK-4<br>WJBK-4<br>WJBK-simulcast<br>WKBD | entered into or<br>a primary transi-<br>simulcasts, also<br>ree categories,<br>location of ea<br>anadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>9<br>39<br>39<br>45<br>45<br>45<br>45<br>45<br>45<br>45<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>34<br>34 | n or before Ju<br>mitter or an as<br>penter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give<br>nel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I<br>I<br>I<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M | ne 30, 2009, be<br>ssociation repre-<br>you carried the of<br>of the general i<br>r U.S. stations, i<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | tween a cable sys<br>senting the prima<br>channel on any ot<br>nstructions locate<br>list the community<br>e community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | <ul> <li>tem or an association representing<br/>by transmitter, enter the designa-<br/>her basis, enter "O." For a further<br/>d in the paper SA3 form.</li> <li>to which the station is licensed by the<br/>which the station is identifed.<br/>channel line-up.</li> <li>6. LOCATION OF STATION</li> <li>Windsor, Ont<br/>Mt. Clemens, MI</li> <li>Mt. Clemens, MI</li> <li>Detroit, MI</li> </ul> | additional information                         |

| LEGAL NAME OF OWN  |  | STEM:  |   |  | 8YSTEM ID#<br>040548   | Name   |
|--|--|--|---|--|--|--|
| PRIMARY TRANSMITTE   |  | N  |   |  |  |  |
| n General: In space G<br>carried by your cable s<br>FCC rules and regulation<br>(6.59(d)(2) and (4), 76,<br>substitute program bass<br>Substitute Basis S<br>Do not list the station<br>basis under specific FC<br>Do not list the station was carried of<br>List the station was carried of<br>List the station here, a<br>basis. For further ind<br>in the paper SA3 for<br>Column 1: List each<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the | 6, identify every<br>ystem during th<br>ons in effect or<br>.61(e)(2) and (4<br>is, as explaine<br><b>tations:</b> With r<br>'C rules, regula<br>here in space<br>only on a subst<br>and also in spa<br>formation conc<br>rm.<br>h station's call<br>associated with<br>-2". Simulcast s<br>e channel numb<br>e. For example | television sta<br>ne accounting<br>of June 24, 198<br>4), or 76.63 (ru<br>d in the next p<br>respect to any<br>titons, or author<br>G—but do list<br>itute basis.<br>ce l, if the sta<br>erning substit<br>sign. Do not r<br>n a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Cha                 | period, except 1<br>81, permitting the<br>eferring to 76.61<br>baragraph.<br>distant stations<br>orizations:<br>t it in space 1 (the<br>tition was carried<br>ute basis station<br>eport origination<br>cording to its own<br>be reported in or<br>as assigned to the   | (1) stations carrie<br>e carriage of certa<br>I (e)(2) and (4))]; a<br>carried by your c<br>e Special Stateme<br>I both on a substit<br>ns, see page (v) o<br>n program service<br>er-the-air designa<br>column 1 (list eacl<br>the television stati | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections<br>nd (2) certain stations carried on a<br>able system on a substitute program<br>ent and Program Log)—if the<br>ute basis and also on some other<br>f the general instructions located<br>s such as HBO, ESPN, etc. Identify<br>tion. For example, report multi-<br>n stream separately; for example<br>on for broadcasting over-the-air in<br>may be different from the channel  | G<br>Primary<br>Transmitters:<br>Television      |
| ducational station, by<br>for independent multic<br>for the meaning of the<br><b>Column 4:</b> If the sta<br>lanation of local servio<br><b>Column 5:</b> If you ha  | entering the le<br>east), "E" (for no<br>se terms, see p<br>ation is outside<br>ce area, see pa<br>ave entered "Ye   | tter "N" (for ne<br>oncommercial<br>bage (v) of the<br>the local serv<br>age (v) of the<br>es" in column   | etwork), "N-M" (f<br>educational), o<br>e general instruc<br>vice area, (i.e. "d<br>general instructi<br>4, you must con  | or network multica<br>r "E-M" (for nonco<br>ctions located in the<br>listant"), enter "Ye<br>ons located in the<br>nplete column 5, s  | s". If not, enter "No". For an ex-   |  |
| arried the distant stati<br>For the retransmissi<br>of a written agreement<br>the cable system and a<br>on "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the   | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transi<br>simulcasts, also<br>ree categories,<br>e location of ear  | multicast stre<br>n or before Jun<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. Fo  | eam that is not s<br>ne 30, 2009, be<br>ssociation repre-<br>you carried the o<br>of the general i<br>r U.S. stations, l  | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community  |  |  |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>he cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transi<br>simulcasts, also<br>ree categories,<br>e location of ear<br>canadian statio   | multicast stree<br>n or before Jui<br>mitter or an as<br>b enter "E". If <u>y</u><br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups, i  | eam that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the o<br>of the general i<br>r U.S. stations, l<br>e the name of th<br>use a separate s  | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>le community with<br>space G for each   | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |  |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>the cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizing   | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transi<br>simulcasts, also<br>ree categories,<br>e location of ear<br>canadian statio   | multicast stree<br>n or before Jui<br>mitter or an as<br>b enter "E". If <u>y</u><br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups, i  | earn that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the of<br>of the general i<br>r U.S. stations, l<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)  | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>le community with<br>space G for each   | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |  |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>he cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizing<br>1. CALL<br>SIGN   | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transr<br>imulcasts, also<br>ree categories,<br>e location of ea<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL  | multicast stree<br>n or before Jui<br>mitter or an as<br>be enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>inel line-ups, i<br><b>CHANN</b><br>3. TYPE<br>OF   | earn that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the of<br>of the general i<br>r U.S. stations, l<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)  | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.   |  |
| arried the distant stati<br>For the retransmissi<br>of a written agreement<br>the cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN  | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transmisimulcasts, also<br>ree categories,<br>e location of ear<br>anadian station<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER   | multicast stree<br>n or before Juin<br>mitter or an as<br>be enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups, if<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION  | earn that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the of<br>of the general i<br>r U.S. stations, l<br>e the name of th<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.   | -<br>-<br>-                                      |
| arried the distant stati<br>For the retransmissi<br>of a written agreement<br>he cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>NMYD-2<br>NMYD-Simulcast   | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transminulcasts, also<br>ree categories,<br>e location of ear<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>21   | multicast stree<br>n or before Jui<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups, if<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N-M</b>  | earn that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the o<br>of the general i<br>r U.S. stations, I<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No   | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Detroit, MI  | . See instructions for<br>additional information |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>he cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>ECC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>MMYD-2<br>MMYD-2<br>MMYD-simulcast<br>MPXD  | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transr<br>imulcasts, also<br>ree categories,<br>e location of ear<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>21<br>21   | multicast stree<br>n or before Jui<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups, i<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N-M</b><br>N  | eam that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the of<br>of the general i<br>r U.S. stations, I<br>e the name of th<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b>  | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Detroit, MI<br>Detroit, MI   |  |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>the cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>WMYD-2<br>WMYD-2<br>WMYD-simulcast<br>WPXD-simulcast   | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transmi<br>simulcasts, also<br>ree categories,<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>21<br>21<br>24  | multicast stree<br>n or before Jui<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>nel line-ups, if<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N-M</b><br>N  | earn that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the of<br>of the general i<br>r U.S. stations, I<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No  | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br><b>Detroit, MI</b><br><b>Ann Arbor, MI</b>   | additional information                           |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>he cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>WMYD-2<br>WMYD-Simulcast<br>WPXD<br>WPXD-Simulcast<br>WTVS  | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transr<br>imulcasts, also<br>ree categories,<br>e location of ear<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>21<br>24<br>24<br>24   | multicast stree<br>n or before Jui<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>neel line-ups, if<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N-M</b><br>N<br>N  | eam that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the c<br>of the general i<br>r U.S. stations, I<br>e the name of th<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No  | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Detroit, MI<br>Ann Arbor, MI<br>Ann Arbor, MI  | additional information                           |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>he cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>MMYD-2<br>WMYD-Simulcast<br>WPXD<br>WPXD-simulcast<br>WTVS-simulcast  | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transmi<br>imulcasts, also<br>ree categories,<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>21<br>21<br>24<br>24<br>24<br>20   | multicast stree<br>n or before Jui<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups, if<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N-M</b><br>N<br>N<br>N<br>E  | earn that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the of<br>of the general i<br>r U.S. stations, I<br>e the name of th<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b>              | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Detroit, MI<br>Ann Arbor, MI<br>Ann Arbor, MI<br>Detroit, MI   | additional information                           |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>he cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>WMYD-2<br>WMYD-simulcast<br>WPXD<br>WPXD-simulcast<br>WTVS<br>WTVS-simulcast  | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transr<br>imulcasts, also<br>ree categories,<br>e location of ear<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>21<br>24<br>24<br>24<br>20<br>20   | multicast stree<br>n or before Jui<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups, i<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N-M<br>N<br>N<br>N<br>E<br>E<br>E   | eam that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the c<br>of the general i<br>r U.S. stations, I<br>e the name of th<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No  | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Detroit, MI<br>Detroit, MI<br>Ann Arbor, MI<br>Detroit, MI<br>Detroit, MI  | additional information                           |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>he cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>1. CALL<br>SIGN<br>WMYD-2<br>WMYD-2<br>WMYD-simulcast<br>WPXD<br>WPXD-simulcast<br>WPXD<br>WPXD-simulcast<br>WTVS<br>WTVS-simulcast<br>WWJ<br>WWJ-2   | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transmi<br>imulcasts, also<br>ree categories,<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>21<br>21<br>24<br>24<br>24<br>20<br>20<br>44   | multicast stree<br>n or before Jui<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>mel line-ups, if<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N-M</b><br>N<br>N<br>N<br>E<br>E<br>E<br>N  | earn that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the of<br>of the general i<br>r U.S. stations, I<br>e the name of th<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b> | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Detroit, MI<br>Detroit, MI<br>Ann Arbor, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI  | additional information                           |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>he cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>WMYD-2<br>WMYD-simulcast<br>WPXD-simulcast<br>WPXD-simulcast<br>WTVS-simulcast<br>WUJ-2<br>WWJ-2<br>WWJ-3   | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transminulcasts, also<br>ree categories,<br>e location of ear<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>21<br>21<br>24<br>24<br>24<br>20<br>20<br>44<br>44   | multicast stree<br>n or before Jui<br>mitter or an as<br>penter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>anel line-ups, if<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N-M</b><br>N<br>N<br>N<br>E<br>E<br>E<br>N<br>N-M   | earn that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the c<br>of the general i<br>r U.S. stations, I<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI  | additional information                           |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>he cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>WMYD-2<br>WMYD-simulcast<br>WPXD<br>WPXD-simulcast<br>WTVS<br>WTVS-simulcast<br>WWJ-2<br>WWJ-2<br>WWJ-3<br>WWJ-3<br>WWJ-simulcast   | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transr<br>imulcasts, also<br>ree categories,<br>location of ear<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>21<br>24<br>24<br>24<br>20<br>20<br>44<br>44<br>44   | multicast stree<br>n or before Jui<br>mitter or an as<br>penter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>nnel line-ups, if<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N-M</b><br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N  | eam that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the c<br>of the general i<br>r U.S. stations, I<br>e the name of th<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No  | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI  | additional information                           |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>the cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizing<br>1. CALL<br>SIGN<br>WMYD-2<br>WMYD-simulcast<br>WPXD<br>WPXD-simulcast<br>WTVS<br>WTVS-simulcast<br>WWJ-2<br>WWJ-3<br>WWJ-3<br>WWJ-simulcast<br>WXYZ   | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transminulcasts, also<br>ree categories,<br>e location of ear<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>21<br>21<br>21<br>24<br>24<br>24<br>20<br>20<br>44<br>44<br>44<br>44   | multicast stree<br>n or before Jui<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>neel line-ups, if<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N-M</b><br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N | earn that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the of<br>of the general i<br>r U.S. stations, I<br>e the name of th<br>use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No  | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI<br>Detroit, MI         | additional information                           |
| carried the distant stati<br>For the retransmissi<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizing<br>1. CALL   | on on a part-tir<br>ion of a distant<br>entered into or<br>a primary transr<br>imulcasts, also<br>ree categories,<br>e location of ear<br>canadian statio<br>g multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>21<br>24<br>24<br>24<br>20<br>20<br>44<br>44<br>44<br>44<br>44<br>44                                       | multicast stree<br>n or before Jui<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give<br>inel line-ups, if<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N-M</b><br>N<br>N<br>N<br>E<br>E<br>E<br>N<br>N-M<br>N-M<br>N<br>N-M<br>N<br>N-M<br>N<br>N-M           | eam that is not s<br>ne 30, 2009, be<br>ssociation repres<br>you carried the o<br>of the general i<br>r U.S. stations, I<br>e the name of th<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No                                    | ubject to a royalty<br>tween a cable sys<br>senting the primar<br>channel on any ot<br>nstructions locate<br>list the community<br>the community with<br>space G for each<br><b>AA</b><br>5. BASIS OF<br>CARRIAGE                                    | capacity.<br>payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>her basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Detroit, MI<br>Detroit, MI | additional information                           |

U.S. Copyright Office

| Name                   | LEGAL NAME OF C  |   | LE SYSTE   | M:   |   |  |  | SYSTEM ID<br>040548   |
|------------------------|--|---|--|--|---|--|--|---|
| <b>H</b><br>Primary    | all-band basis w   | t every radio s<br>vhose signals  | tation ca<br>were "ge  | rried on a separate and discre<br>nerally receivable" by your cat<br>I-Band FM Carriage: Under C   | ole system during   | the accountin  | g period                                       |   |
| Transmitters:<br>Radio | receivable if (1)<br>on the basis of a<br>For detailed info<br>located in the pa<br><b>Column 1:</b> lo<br><b>Column 2:</b> S<br><b>Column 3:</b> If<br>signal, indicate<br><b>Column 4:</b> G | it is carried by<br>monitoring, to<br>prmation about<br>aper SA3 form<br>dentify the call<br>state whether t<br>the radio statis<br>this by placing<br>Sive the station | y the syst<br>be receivent<br>t the the<br>sign of e<br>he statio<br>ion's sign<br>a check<br>a's location | tem whenever it is received at<br>ved at the headend, with the s<br>Copyright Office regulations o<br>each station carried.<br>n is AM or FM.<br>nal was electronically processes<br>mark in the "S/D" column.<br>on (the community to which the<br>the community with which the s | the system's hea<br>ystem's FM anter<br>n this point, see p<br>ed by the cable sy<br>e station is license | idend, and (2)<br>nna, during cel<br>bage (vi) of the<br>vstem as a sep<br>ed by the FCC | it can be<br>rtain stat<br>genera<br>parate ar | e expected,<br>ed intervals.<br>I instructions<br>id discrete |
|                        |  |   | 0/2  |  |   |  | 0/5  |   |
|                        | CALL SIGN  | AM or FM  | S/D  | LOCATION OF STATION  | CALL SIGN   | AM or FM   | S/D  | LOCATION OF STATION   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |
|                        |  |   |  |  |   |  |  |   |

| LEGAL NAME OF OWNER OF   | CABLE SYST  | EM:   |  |   |   | SYSTEM ID#       |                          |
|--|---|---|--|---|---|------------------|--------------------------|
| WideOpenWest, Inc. 040548  |   |   |  |   |   |                  |                          |
| SUBSTITUTE CARRIAGE  | : SPECIA  |   | NT AND PROGRAM LO  | 3   |   |                  |                          |
| In General: In space I, ident  | ify every no  | nnetwork televi   | sion program broadcast by  | a distant statio  | on that your cable system   | carried on a     |                          |
| substitute basis during the a  | ccounting pe  | eriod, under spe  | ecific present and former F  | CC rules, regu  | lations, or authorizations.   | For a further    | Substitute               |
| explanation of the programm 1. SPECIAL STATEMENT   |   |   | • • • • • /  | le general insi   | inuctions located in the pa   | iper SA3 iorm.   | Carriage:                |
| <ul> <li>During the accounting per</li> </ul>  | iod, did you  |   |  | is, any nonne   |   |                  | Special<br>Statement and |
| broadcast by a distant stat  |   |   |  | «>/ "   | Yes   |                  | Program Log              |
| Note: If your answer is "No'<br>log in block 2.  | , leave the   | rest of this pag  | ge blank. If your answer is  | "Yes," you mi   | ust complete the program  | n                |                          |
| 2. LOG OF SUBSTITUTE   | PROGRA  | MS  |  |   |   |                  | 1                        |
| period, was broadcast by a<br>under certain FCC rules, re<br>SA3 form for futher informa<br>titles, for example, "I Love L<br>Column 2: If the program<br>Column 3: Give the call s<br>Column 4: Give the broat<br>the case of Mexican or Can<br>Column 5: Give the mon<br>first. Example: for May 7 giv<br>Column 6: State the time<br>to the nearest five minutes.<br>stated as "6:00–6:30 p.m." | ce, please a<br>of every noi<br>distant stat<br>gulations, o<br>tion. Do no<br>.ucy" or "NE<br>n was broad<br>sign of the s<br>idcast static<br>th and day<br>/e "5/7."<br>es when the<br>Example: a<br>er "R" if the<br>and regulatio<br>ogramming | attach addition<br>nnetwork telev<br>ion and that yo<br>or authorization<br>of use general of<br>3A Basketball:<br>dcast live, ente<br>station broadca<br>on's location (th<br>ons, if any, the<br>when your sys<br>a substitute pro<br>a program carri<br>listed program<br>ons in effect du | al pages.<br>ision program (substitute pur cable system substitute<br>is. See page (vi) of the gen<br>categories like "movies", or<br>76ers vs. Bulls."<br>r "Yes." Otherwise enter "I<br>asting the substitute progra-<br>ne community to which the<br>community with which the<br>tem carried the substitute<br>gram was carried by your<br>ed by a system from 6:01:<br>was substituted for progra-<br>uring the accounting perio | brogram) that,<br>d for the prog<br>neral instruction<br>r "basketball"<br>No."<br>am.<br>station is lice<br>program. Use<br>cable system<br>15 p.m. to 6:2<br>amming that y<br>d; enter the le | , during the accounting<br>gramming of another sta<br>ons located in the paper<br>. List specific program<br>ensed by the FCC or, in<br>ntified).<br>e numerals, with the mor<br>. List the times accurate<br>28:30 p.m. should be<br>your system was require<br>tter "P" if the listed pro | tion<br>Ith<br>Y |                          |
|  |   |   |  | WHI   | EN SUBSTITUTE   | 7.054000         | -                        |
| S  | UBSTITUT  | E PROGRAM   | 1  | CARR  | IAGE OCCURRED   | 7. REASON<br>FOR |                          |
| 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No   | 3. STATION'S<br>CALL SIGN   | 4. STATION'S LOCATION  | 5. MONTH  | 6. TIMES<br>FROM — TO   | DELETION         |                          |
|  |   |   |  |   | _   |                  | -                        |
|  |   |   |  |   | _   |                  |                          |
|  |   |   |  |   |   |                  | -                        |
|  |   |   |  |   |   |                  | -                        |
|  |   |   |  |   |   |                  |                          |
|  |   |   |  |   |   |                  | -                        |
|  |   |   |  |   |   |                  | -                        |
|  |   |   |  |   |   |                  | -                        |
|  |   |   |  |   | <del></del>   |                  | -                        |
|  |   |   |  |   | <del></del>   |                  | -                        |
|  |   |   |  |   |   |                  | -                        |
|  |   |   |  |   |   |                  | -                        |
|  |   |   |  |   |   |                  | -                        |
|  |   |   |  |   |   |                  | -                        |
|  |   |   |  |   |   |                  | ]                        |

# ACCOUNTING PERIOD: 2022/1

FORM SA3E. PAGE 6.

| Name |   | IGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#<br>/ideOpenWest, Inc. 040548 |              |                  |      |              |       |              |         |
|------|---|---|--------------|------------------|------|--------------|-------|--------------|---------|
|      | -   | -   |              |                  |      |              |       |              |         |
|      | <ul> <li>PART-TIME CARRIAGE LOG</li> <li>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.</li> <li>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.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>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."</li> <li>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."</li> </ul> |   |              |                  |      |              |       |              |         |
|      |   |   | D            | ATES AND HOURS ( | DF F | ART-TIME CAR | RIAGE |              |         |
|      |   | WHEN  | I CARRIAGE C | CCURRED          |      |              | WHEN  | N CARRIAGE C | CCURRED |
|      | CALL SIGN   |   | ŀ            | IOURS            |      | CALL SIGN    |       |              | IOURS   |
|      |   | DATE  | FROM         | TO               |      |              | DATE  | FROM         | TO      |
|      |   |   |              | _                |      |              |       |              | _       |
|      |   |   |              | _                |      |              |       |              | _       |
|      |   |   |              |                  |      |              |       |              |         |
|      |   |   |              |                  |      |              |       |              |         |
|      |   |   |              |                  |      |              |       |              |         |
|      |   |   |              |                  |      |              |       |              |         |
|      |   |   |              | <del></del>      |      |              |       |              |         |
|      |   |   |              |                  |      |              |       |              |         |
|      |   |   |              |                  |      |              |       |              | _       |
|      |   |   |              |                  |      |              |       |              |         |
|      |   |   |              | _                |      |              |       |              | _       |
|      |   |   |              | _                |      |              |       |              | _       |
|      |   |   |              | _                |      |              |       |              | _       |
|      |   |   |              |                  |      |              |       |              |         |
|      |   |   |              |                  |      |              |       |              |         |
|      |   |   |              | =                |      |              |       |              |         |
|      |   |   |              |                  |      |              |       |              |         |
|      |   |   |              | <del></del>      |      |              |       |              |         |
|      |   |   |              |                  |      |              |       |              |         |
|      |   |   |              |                  |      |              |       |              | _       |
|      |   |   |              | _                |      |              |       |              | _       |
|      |   |   |              | _                |      |              |       |              | _       |
|      |   |   |              | _                |      |              |       |              | _       |
|      |   |   |              | _                |      |              |       |              | _       |
|      |   |   |              | _                |      |              |       |              | _       |
|      |   |   |              | _                |      |              |       |              | _       |
|      |   |   |              | _                |      |              |       |              | -       |

| LEGA   | L NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                 | Name   |
|--|---|----------------------------|--|
| Wic  | eOpenWest, Inc.   | 040548                     | Name   |
| Inst<br>all a<br>(as i   | <b>DSS RECEIPTS</b><br><b>ructions</b> : The figure you give in this space determines the form you fle and the amount yo<br>mounts (gross receipts) paid to your cable system by subscribers for the system's second<br>dentifed in space E) during the accounting period. For a further explanation of how to com<br>e (vii) of the general instructions.  | ary transmission service   | K<br>Gross Receipts                                  |
| IMD  | Gross receipts from subscribers for secondary transmission service(s)<br>during the accounting period.<br><b>DRTANT:</b> You must complete a statement in space P concerning gross receipts.  | \$ 15,450,286.83           |  |
|  | <b>JKTANT</b> : You must complete a statement in space P concerning gross receipts.   | (Amount of gross receipts) |  |
| <ul> <li>Instruct</li> <li>Com</li> <li>Com</li> <li>If yo fee f</li> <li>If yo</li> </ul> | RIGHT ROYALTY FEE<br>ctions: Use the blocks in this space L to determine the royalty fee you owe:<br>plete block 1, showing your minimum fee.<br>plete block 2, showing whether your system carried any distant television stations.<br>ur system did not carry any distant television stations, leave block 3 blank. Enter the amou<br>rom block 1 on line 1 of block 4, and calculate the total royalty fee.<br>ur system did carry any distant television stations, you must complete the applicable parts<br>mpanying this form and attach the schedule to your statement of account. |                            | L<br>Copyright<br>Royalty Fee                        |
|  | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be each $x$ 3 below.   | ntered on line 1 of        |  |
| 3 be   |   |                            |  |
|  | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should<br>block 4 below.   | be entered on line         |  |
| Block<br>1   | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more an<br>least the minimum fee, regardless of whether they carried any distant stations. This fee is<br>system's gross receipts for the accounting period.  | 1.064 percent of the       |  |
|  | Line 1. Enter the amount of gross receipts from space K<br>Line 2. Multiply the amount in line 1 by 0.01064   | \$ 15,450,286.83           |  |
|  | Enter the result here.  |                            |  |
|  | This is your minimum fee.   | \$ 164,391.05              |  |
| 2<br>Block<br>3  | <ul> <li>space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4 "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period?</li> <li>Yes—Complete the DSE schedule.</li> <li>In 0. Leave block 3 below blank and carry any and the television state fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero</li> </ul>   | ?                          |  |
|  | 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<br>4   | <ul> <li>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</li> <li>Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7</li> </ul>   | \$ 164,391.05              | Cable systems submitting                             |
|  | (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.   | 0.00                       | additional<br>deposits under                         |
|  | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9<br>(Interest Worksheet)  | 0.00                       | Section 111(d)(7)<br>should contact<br>the Licensing |
|  | Line 4. FILING FEE  | \$ 725.00                  | additional fees.<br>Division for the<br>appropriate  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.         Add Lines 1, 2 and 3 of block 4 and enter total here   | \$ 165,116.05              | form for submitting the                              |
|  | EFT Trace # or TRANSACTION ID #   |                            | additional fees.                                     |
|  | 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  |                            |  |

FORM SA3E. PAGE 7.

| ACCOUNTING PERIO           | DD: 2022/1  |  |   |   |  |   |  |                            | FORI                                     | M SA3E. | PAGE 8.          |
|----------------------------|---|--|---|---|--|---|--|----------------------------|--|---------|------------------|
| Name                       | LEGAL NAME OF OWNER<br>WideOpenWest, In   |  | SYSTEM:   |   |  |   |  |                            |  |         | EM ID#<br>040548 |
| M<br>Channels              | 2. Enter the total nu<br>on which the cab   | nd (2) the<br>umber of e<br>elevision b<br>umber of a  | e cable system's to<br>channels on which<br>proadcast stations      | otal number of ac<br>the cable<br>s<br>broadcast station                              | ctivated channe  | els, during t                             | the accounting                         | g period.                  | tations<br>31<br>348                     |         |                  |
| N<br>Individual to         | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) |  |   |   |  |   |  |                            |  |         |                  |
| for Further<br>Information | Information   |  |   |   |  |   |  |                            |  |         |                  |
|                            |   | treet, rural i<br>vood, C                              | route, apartment, or s  |   |  |   |  |                            |  |         |                  |
|                            | Email   | Jim.W  | /aechter@wo   | winc.com  |  | F   | ax (optional)                          |                            |  |         |                  |
| O<br>Certifcation          | CERTIFICATION (Th  I, the undersigned, h  (Owner other tha  | ereby cerf   |   | , but only one , of   | f the boxes.)  |   |  | -                          |  |         |                  |
|                            | <ul> <li>(Officer or partners)</li> <li>in line 1 of</li> <li>I have examined the</li> </ul>  | space B a<br><b>er)</b> I am a<br>space B.<br>statemen | nd that the owner i<br>n officer (if a corpo<br>t of account and he | s not a corporatio<br>ration) or a partne<br>ereby declare und                        | on or partnership<br>er (if a partnersh<br>er penalty of lav | o; or<br>hip) of the le<br>w that all sta | gal entity identi<br>tements of fact   | ifed as owner              | of the cable system                      | I       |                  |
|                            | are true, complete, a<br>[18 U.S.C., Section 7  | Enter ar<br>(e.g., /s/<br>button, t                    | /s/ Craig Ma  | rtin<br>e on the line abov<br>re entering the firs<br>ur name. Pressin<br>Craig Marti | e using an "/s/" s<br>t forward slash o<br>g the "F" button  | signature to of the /s/ sign              | certify this state<br>rature, place yo | ement.<br>bur cursor in th | ne box and press the<br>bility settings. | "F2"    |                  |
|                            |   | Date:  |   | al position held in c   | orporation or parti  | nership)                                  |  |                            |  |         |                  |
| Privacy Act Notice:        | Section 111 of title 17 of  | f the Unite  | d States Code autho   | prizes the Copyrig  | ht Offce to colled   | ct the persor                             | nally identifying                      | information (F             | 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| FORM SA3E. PAGE | 9. |
|-----------------|----|
|-----------------|----|

| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>WideOpenWest, Inc.  | SYSTEM ID#<br>040548  | Name   |
|---|---|--|
| <ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions purse.     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the generation paper SA3 form.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondare by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul> | system for the basic<br>m shall not include sub-<br>uant to section 119."<br>al instructions in the | P<br>Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| Name Mailing Address Mailing Address Mailing Address  |   |  |
| INTEREST ASSESSMENTS<br>You must complete this worksheet for those royalty payments submitted as a result of a late pay<br>For an explanation of interest assessment, see page (viii) of the general instructions in the paper  | . ,   | Q  |
| Line 1 Enter the amount of late payment or underpayment   | x   | Interest<br>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 0.00274   |  |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For fur contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.   | ( 0,  |  |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the C please list below the owner, address, first community served, accounting period, and ID number filing.  |   |  |
| OwnerAddress  |   |  |
| First community served         Accounting period         ID number  |   |  |
| rivacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally id<br>rm in order to process your statement of account. PII is any personal information that can be used to identify or trace an indivi<br>umbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes app  | idual, such as name, address and telephon   | e  |

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.

### 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                       |      |  |  |  |  |  |
| 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 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  ${\sf I}.)$ 

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, noncommercial 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 classifcation.

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.

# DSE SCHEDULE. PAGE 11.

# COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distantthat 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

The fifth and each additional DSE 0.330% of gross receipts 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.

**Distant Stations Carried** 

OT A TION

5. Calculate a separate base rate fee for each subscriber group, using (1) 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.

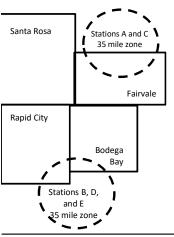
# COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

CITV

EXAMPLE:

Dee

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.



| STATION                      | DSE          | CITY              | OUTSIDE LO     | CAL          | GRU                         | SS RECEIPTS  |
|------------------------------|--------------|-------------------|----------------|--------------|-----------------------------|--------------|
| A (independent)              | 1.0          |                   | SERVICE ARI    | EA OF        | FROM S                      | 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 | 1 C          |                             | 100,000.00   |
| D (part-time)                | 0.139        | Bodega Bay        | Stations A and | 1 C          |                             | 70,000.00    |
| E (network)                  | <u>0.25</u>  | Fairvale          | Stations B, D, | and E        |                             | 120,000.00   |
| TOTAL DSEs                   | 2.472        |                   | TOTAL GROS     | SS RECEIPTS  |                             | \$600,000.00 |
| Minimum Fee Total Gross R    | leceipts     |                   | \$600,000.00   |              |                             |              |
|                              |              |                   | x .01064       |              |                             |              |
|                              |              |                   | \$6,384.00     |              |                             |              |
| First Subscriber Group       |              | Second Subscr     | riber 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 .0106 | 64 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 .0070 | )1 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   |

Identification of Subscriber Groups

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

# DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1   | LEGAL NAME OF OWNER OF CABLE  | SYSTEM: |           |     | S         | YSTEM ID# |  |  |  |  |  |
|---|---|---------|-----------|-----|-----------|-----------|--|--|--|--|--|
|   | WideOpenWest, Inc.  |         |           |     |           | 040548    |  |  |  |  |  |
|   | SUM OF DSEs OF CATEGORY "O" STATIONS:         Add the DSEs of each station.         Enter the sum here and in line 1 of part 5 of this schedule.         0.00   |         |           |     |           |           |  |  |  |  |  |
| 2   | structions:<br>the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5<br>space G (page 3).         |         |           |     |           |           |  |  |  |  |  |
| of DSEs for                                       | the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-<br>ercial educational station, give the DSE as ".25." |         |           |     |           |           |  |  |  |  |  |
| Category "O"                                      | CATEGORY "O" STATIONS: DSEs   |         |           |     |           |           |  |  |  |  |  |
| Stations  | CALL SIGN   | DSE     | CALL SIGN | DSE | CALL SIGN | DSE       |  |  |  |  |  |
| Add rows as<br>necessary.<br>Remember to copy all |   |         |           |     |           |           |  |  |  |  |  |
| formula into new                                  |   |         |           |     |           |           |  |  |  |  |  |
| rows.   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |
|   |   |         |           |     |           |           |  |  |  |  |  |

|  |   | <br> | <br> |
|--|---|------|------|
|  |   |      |      |
|  |   |      |      |
|  |   |      |      |
|  |   |      |      |
|  | h | h    |      |
|  |   |      |      |

| Name   | WideOpenWo  | WNER OF CABLE SYSTEM:<br>est, Inc.  |  |   |   | S  | 04054  |  |  |  |  |
|--|---|---|--|---|---|--|--------|--|--|--|--|
| <b>3</b><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel | Column 2:<br>figure should o<br>Column 3:<br>Column 4:<br>be carried out<br>Column 5:<br>give the type-v<br>Column 6: | t the call sign of all distant station<br>For each station, give the numb<br>correspond with the information g<br>For each station, give the total n<br>Divide the figure in column 2 by<br>at least to the third decimal point.<br>For each independent station, g | er of hours your cable syste<br>iven in space J. Calculate (<br>umber of hours that the sta<br>the figure in column 3, and<br>This is the "basis of carria<br>ive the "type-value" as "1.0<br>y the figure in column 5, an | em carried the stati<br>only one DSE for e<br>tion broadcast ove<br>give the result in o<br>ge value" for the st<br>" For each networ<br>d give the result in | ion during the accounting<br>ach station.<br>er the air during the accou<br>decimals in column 4. Thi<br>tation.<br>k or noncommercial educ<br>column 6. Round to no le | unting period.<br>s figure must<br>cational station,<br>ess than the |        |  |  |  |  |
| Capacity   | CATEGORY LAC STATIONS: COMPUTATION OF DSEs  |   |  |   |   |  |        |  |  |  |  |
|  | 1. CALL<br>SIGN   | 2. NUMBER<br>OF HOURS<br>CARRIED BY<br>SYSTEM   | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR   | 4. BASIS OI<br>CARRIAC<br>VALUE   |   |  | ε      |  |  |  |  |
|  |   |   | ÷<br>÷   | =   | <u>x</u>  | =  |        |  |  |  |  |
|  |   |   | ÷  | =   | x<br>x  | =  |        |  |  |  |  |
|  |   |   | ÷  | =   | x   | =  |        |  |  |  |  |
|  |   |   | ÷<br>÷   |   | x<br>x  | =  |        |  |  |  |  |
|  |   |   | ÷  | =   | x   | =  |        |  |  |  |  |
|  |   |   | ÷  | =   | x   | =  |        |  |  |  |  |
| Computation<br>of DSEs for<br>Substitute-<br>Basis Stations  | space I).<br>Column 2: F<br>at your option. T<br>Column 3: E<br>Column 4: E   | The or more live, nonnetwork progreach station give the number<br>For each station give the number<br>Fhis figure should correspond wile<br>Enter the number of days in the ca<br>Divide the figure in column 2 by the<br>This is the station's DSE (For more       | of live, nonnetwork program<br>th the information in space<br>alendar year: 365, except in<br>the figure in column 3, and g  | ns carried in subst<br>l.<br>a leap year.<br>ive the result in co   | itution for programs that v<br>lumn 4. Round to no less   | were deleted<br>than the third                                       | ).     |  |  |  |  |
|  |   | SUBSTIT   | UTE-BASIS STATIC   | NS: COMPUT/   | ATION OF DSEs   |  |        |  |  |  |  |
|  | 1. CALL<br>SIGN   | OF OF   | UMBER 4. DSE<br>DAYS<br>YEAR   | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR                                      | 4. DSE |  |  |  |  |
|  |   | ÷<br>+  | =  |   |   | ÷  | =      |  |  |  |  |
|  |   | ÷<br>÷  | =  |   |   | ÷  | =      |  |  |  |  |
|  |   | ÷   | =  |   |   | ÷  | =      |  |  |  |  |
|  |   | ÷<br>÷  | =  |   |   | ÷  | =      |  |  |  |  |
|  | Add the DSEs of   | OF SUBSTITUTE-BASIS STATI<br>of each station.<br>m here and in line 3 of part 5 of th   |  | ·   | 0.00  | D  |        |  |  |  |  |
| <b>5</b><br>Total Number   | number of DSEs  | R OF DSEs: Give the amounts from applicable to your system.   | m the boxes in parts 2, 3, ar  | d 4 of this schedule  | and add them to provide t   | the total  |        |  |  |  |  |
| of DSEs  | 2. Number   | of DSEs from part 3 ●   |  |   | •   | 0.00   |        |  |  |  |  |
|  | 3. Number   | of DSEs from part 4 ●   |  |   | ▶   | 0.00   |        |  |  |  |  |
|  | TOTAL NUMBE   | R OF DSEs   |  |   | •   |  | 0.00   |  |  |  |  |

| DSE SCHEDULE  | DACE 12  |
|---------------|----------|
| DSE SCHEDULE. | PAGE 13. |

| LEGAL NAME OF O   |   | SYSTEM:                         |                                      |  |                                     |                                   | S                     | YSTEM ID#<br>040548 | Name  |
|---|---|---------------------------------|--------------------------------------|--|-------------------------------------|-----------------------------------|-----------------------|---------------------|---|
|   | ·   |                                 |                                      |  |                                     |                                   |                       |                     |   |
| In block A:   | ck A must be comp                                     |                                 |                                      |  |                                     |                                   |                       |                     | 6   |
| • 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.     BLOCK A: TELEVISION MARKETS  |   |                                 |                                      |  |                                     |                                   |                       |                     |   |
|   | n located wholly ou                                   | utside of all m                 | ajor and smalle                      | er markets as defin  | ed under sect                       | ion 76.5 of FC                    | C rules and regula    | tions in            | 3.75 Fee  |
| effect on June 24,  | plete part 8 of the                                   | schedule—D(                     | O NOT COMPL                          | ETE THE REMAIN   | NDER OF PAF                         | RT 6 AND 7.                       |                       |                     |   |
|   | lete blocks B and (                                   |                                 |                                      |  |                                     |                                   |                       |                     |   |
|   |   | BLO                             | CK B: CARR                           |  | MITTED DS                           | Es                                |                       |                     |   |
| Column 1:<br>CALL SIGN  | FCC rules and re                                      | gulations pric<br>e DSE Schec   | or to June 25, 1<br>Iule. (Note: The | part 2, 3, and 4 of th<br>981. For further ex<br>e letter M below ref<br>.ct of 2010.)   | planation of p                      | ermitted station                  | ns, see the           |                     |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE  | (Note the FCC ru<br>A Stations carrie<br>76.61(b)(c)] | les and regulated pursuant to   | ations cited bel<br>the FCC mark     | is on which you ca<br>ow pertain to those<br>(et quota rules [76.<br>.59(d)(1), 76.61(e) | e in effect on J<br>57, 76.59(b), 1 | une 24, 1981.)<br>76.61(b)(c), 76 | .63(a) referring to   |                     |   |
|   |   | l station (76.6<br>r DSE schedu | 5) (see paragraule).                 | (c), 76.61(d), 76.63<br>aph regarding subs<br>CC rules (76.7)                            | ., -                                |                                   | tions in the          |                     |   |
|   |   | HF station wi                   | thin grade-B co                      | e or substitute basi<br>ontour, [76.59(d)(5)<br>am.                                      |                                     |                                   | ring to 76.61(e)(5)]  |                     |   |
| Column 3:   |   | e stations ider                 | ntified by the le                    | oarts 2, 3, and 4 of<br>tter "F" in column 2   |                                     |                                   | ksheet on page 14     | l of                |   |
| 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS                                 | 3. DSE                          | 1. CALL<br>SIGN                      | 2. PERMITTED<br>BASIS  | 3. DSE                              | 1. CALL<br>SIGN                   | 2. PERMITTED<br>BASIS | 3. DSE              |   |
|   |   |                                 |                                      |  |                                     |                                   |                       |                     |   |
|   |   |                                 |                                      |  |                                     |                                   |                       |                     |   |
|   |   |                                 |                                      |  |                                     |                                   |                       |                     |   |
|   |   |                                 |                                      |  |                                     |                                   |                       |                     |   |
|   | •   |                                 | •                                    |  |                                     | •                                 |                       |                     |   |
|   |   |                                 |                                      |  |                                     |                                   |                       | 0.00                |   |
|   |   | E                               | BLOCK C: CC                          | MPUTATION OF   | - 3.75 FEE                          |                                   |                       |                     |   |
| Line 1: Enter the   | total number of I                                     | DSEs from p                     | part 5 of this s                     | chedule  |                                     |                                   |                       | -                   |   |
| Line 2: Enter the   | sum of permitted                                      | d DSEs from                     | l block B abov                       | /e   |                                     |                                   |                       | -                   |   |
|   | line 2 from line 1.<br>eave lines 4–7 bl              |                                 |                                      |  |                                     | te.                               |                       | 0.00                |   |
| Line 4: Enter gro   | ss receipts from                                      | space K (pa                     | ge 7)                                |  |                                     |                                   | x 0.03                | 375                 | Do any of the<br>DSEs represent                     |
| Line 5: Multiply li   | ne 4 by 0.0375 a                                      | nd enter sur                    | n here                               |  |                                     |                                   | X                     |                     | partially<br>permited/<br>partially<br>nonpermitted |
| Line 6: Enter tota  | al number of DSE                                      | s from line 3                   | 3                                    |  |                                     |                                   |                       |                     | carriage?<br>If yes, see part<br>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                |   |

# ACCOUNTING PERIOD: 2022/1

|   | ,-  |                  |                       |                 |       |  |              | DS                     | E SCHEDULE. PAGE 14 |  |  |
|---|---|------------------|-----------------------|-----------------|-------|--|--------------|------------------------|---------------------|--|--|
|   | LEGAL NAME OF OWN   | IER OF CABLE     | SYSTEM:               |                 |       |  |              |                        | SYSTEM ID#          |  |  |
| Name  | WideOpenWest  | t, Inc.          |                       |                 |       |  |              |                        | 040548              |  |  |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | Imputating       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.         Teb DSE       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:         Time and ibstitute       A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  | -                     |                 | ED (  | -  | -            | -                      |                     |  |  |
|   | 1. CALL   | 2. PRIO          |                       | COUNTING        |       | 4. BASIS OF  |              | RESENT                 | 6. PERMITTED        |  |  |
|   | SIGN  | DSE              | PE                    | ERIOD           |       | CARRIAGE   | [            | DSE                    | DSE                 |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  | •••••        |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
| 7   | Instructions: Block A   | must be comp     | leted.                |                 |       |  |              |                        |                     |  |  |
| 1   | In block A:   |                  |                       |                 |       |  |              |                        |                     |  |  |
| Computation   |   | "Yes " complete  | e blocks B and C, b   | below           |       |  |              |                        |                     |  |  |
| of the  |   | · ·              |                       |                 | ort S | 8 of the DSE schedule                              |              |                        |                     |  |  |
|   |   | NO, leave blo    |                       |                 |       |  |              |                        |                     |  |  |
| Syndicated  |   |                  | BLOCH                 | < A: MAJOR      | ΤE    | LEVISION MARKE                                     | ET           |                        |                     |  |  |
| Exclusivity   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
| Surcharge   | <ul> <li>Is any portion of the c</li> </ul>   | able system wi   | thin a top 100 major  | television mark | et a  | s defned by section 76.                            | 5 of FCC ru  | les in effect June     | 24, 1981?           |  |  |
|   | X Yes—Complete  | blocks B and (   | <b>`</b>              |                 |       | No—Proceed to                                      | part 8       |                        |                     |  |  |
|   | res—complete  | DIUCKS D AIIU (  | J .                   |                 |       |  | parto        |                        |                     |  |  |
|   |   |                  |                       |                 | ר     |  |              |                        |                     |  |  |
|   | BLOCK B: C  | arriage of VHF   | /Grade B Contour S    | Stations        |       | BLOCK  | C: Compu     | tation of Exempt       | DSEs                |  |  |
|   |   |                  | o.u. · · ·            |                 |       |  |              |                        |                     |  |  |
|   | Is any station listed in  |                  |                       |                 |       | Nas any station listed                             |              |                        |                     |  |  |
|   | commercial VHF station<br>or in part, over the cal  | •                | a grade B contour,    | in whole        |       | nity served by the cable<br>to former FCC rule 76. |              | for to March 31, 1     | 972? (reier         |  |  |
|   | or in part, over the car  | ble system?      |                       |                 |       | o former FCC fule 76.                              | 159)         |                        |                     |  |  |
|   | Yes—List each st  | ation below with | its appropriate permi | itted DSE       |       | Yes—List each sta                                  | tion below w | vith its appropriate p | ermitted DSE        |  |  |
|   | X No-Enter zero a   | nd proceed to pa | art 8.                |                 |       | X No-Enter zero an                                 | d proceed to | part 8.                |                     |  |  |
|   | —   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   | CALL SIGN   | DSE              | CALL SIGN             | DSE             |       | CALL SIGN  | DSE          | CALL SIGN              | DSE                 |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   | <u> </u>         |                       |                 |       |  |              |                        |                     |  |  |
|   |   | ······           |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   | 1                |                       |                 |       |  |              |                        |                     |  |  |
|   |   | ······           |                       |                 |       |  |              |                        |                     |  |  |
|   |   | ······           |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  |                       |                 |       |  |              |                        |                     |  |  |
|   |   |                  | TOTAL DSEs            | 0.00            |       |  |              | TOTAL DSEs             | 0.00                |  |  |
|   | 1   |                  |                       |                 | · 11  |  |              |                        |                     |  |  |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# WideOpenWest, Inc. 040548  | Name                                |
|---------------|--|-------------------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |                                     |
| Section       | Enter the amount of gross receipts from space K (page 7) 15,450,286.83   | 7                                   |
| Section<br>2  | A. Enter the total DSEs from block B of part 7   | Computation                         |
|               | B. Enter the total number of exempt DSEs from block C of part 7  | of the<br>Syndicated<br>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   | Surcharge                           |
| • Is any      | y portion of the cable system within a top 50 television market as defined by the FCC?          X Yes—Complete section 3 below.       Ino-Complete section 4 below.  |                                     |
|               | SECTION 3: TOP 50 TELEVISION MARKET  |                                     |
| Section<br>3a | <ul> <li>Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <ul> <li>Yes—Complete part 9 of this schedule.</li> <li>No—Complete the applicable section below.</li> </ul> </li> <li>If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE</li> </ul> |                                     |
|               | 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.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge   |                                     |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.   |                                     |
| 55            | 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.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge   |                                     |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |                                     |
| Section<br>4a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br>Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.   |                                     |
| 4a            | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.<br>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)<br>and enter here  |                                     |
|               | D. Multiply line B by line C and enter here  |                                     |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge   |                                     |

# ACCOUNTING PERIOD: 2022/1

|  |   |  | JLE. PAGE 16.                          |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| Name   |   | IE OF OWNER OF CABLE SYSTEM: S<br>NideOpenWest, Inc.   | 040548                                 |  |  |  |  |  |  |
| 7  | Section<br>4b   | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |  |  |  |  |  |  |  |
| Computation                                    |   | A. Enter 0.00300 of gross receipts (the amount in section 1)   |  |  |  |  |  |  |  |
| of the<br>Syndicated                           |   | B. Enter 0.00189 of gross receipts (the amount in section 1)   |  |  |  |  |  |  |  |
| Exclusivity<br>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   |  |  |  |  |  |  |  |
|  |   | F. Multiply line D by line E and enter here  |  |  |  |  |  |  |  |
|  |   | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2, block 4, space L (page 7)   |  |  |  |  |  |  |  |
|  |   | Syndicated Exclusivity Surcharge   | ······································ |  |  |  |  |  |  |
| <b>8</b><br>Computation<br>of<br>Base Rate Fee | 6 was o<br>In bloo<br>If your<br>If your<br>blank.<br>What is<br>were lo  | 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<br>checked "Yes," use the total number of DSEs from part 5.<br>ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.<br>r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below |  |  |  |  |  |  |  |
|  |   | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |  |  |  |  |  |  |  |
|  | • Did your 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<br>1  | Enter the amount of gross receipts from space K (page 7)   | 3                                      |  |  |  |  |  |  |
|  | Section<br>2  | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes,"<br>use the total number of DSEs from part 5.)  | 0                                      |  |  |  |  |  |  |
|  | Section<br>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.<br>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<br>(the amount in section 1)  |  |  |  |  |  |  |  |
|  |   | C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here   |  |  |  |  |  |  |  |
|  |   | D. Multiply line B by line C and enter here  | _                                      |  |  |  |  |  |  |
|  |   | E. Add lines A, and D. This is your base rate fee. Enter here<br>and in block 3, line 1, space L (page 7)  |  |  |  |  |  |  |  |
|  |   | Base Rate Fee  | <u></u> .  <br>                        |  |  |  |  |  |  |

## DSE SCHEDULE. PAGE 17.

| LEGAL N  | AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#   | Name                           |  |  |  |
|--|--|--------------------------------|--|--|--|
| Wide   | OpenWest, Inc. 040548  | Naine                          |  |  |  |
| 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 receipte  | 8                              |  |  |  |
|  | A. Enter 0.01064 of gross receipts<br>(the amount in section 1)►\$   |                                |  |  |  |
|  | B. Enter 0.00701 of gross receipts   | 0                              |  |  |  |
|  | (the amount in section 1) ▶ \$   | Computation<br>of              |  |  |  |
|  | C. Multiply line B by 3.000 and enter here▶\$  | Base Rate Fee                  |  |  |  |
|  |  |                                |  |  |  |
|  | D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$  |                                |  |  |  |
|  |  |                                |  |  |  |
|  | E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶   |                                |  |  |  |
|  |  |                                |  |  |  |
|  | F. Multiply line D by line E and enter here  |                                |  |  |  |
|  | G. Add lines A, C, and F. This is your base rate fee.<br>Enter here and in block 3, line 1, space L (page 7)   |                                |  |  |  |
|  | Base Rate Fee \$ 0.00  |                                |  |  |  |
|  | TANT. It is no langer processory to report tologician signals on a system wide basis. Carriage of tologician brandoast signals aball   |                                |  |  |  |
| instead  | <b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in   | 9                              |  |  |  |
| Space  |  | 5                              |  |  |  |
| receipt  | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude<br>s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this                                       | Computation<br>of              |  |  |  |
| exclusi  | on, you must:  | Base Rate Fee                  |  |  |  |
|  | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same<br>or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of   | and<br>Syndicated              |  |  |  |
| DSEs a   | and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.   | Exclusivity<br>Surcharge       |  |  |  |
|  | Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.   | for                            |  |  |  |
|  | If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,  | Partially<br>Distant           |  |  |  |
| if your  | cable system is wholly located outside all major television markets, complete block A only.  | Stations, and<br>for Partially |  |  |  |
|  | Identify a Subscriber Group for Partially Distant Stations<br>For each community served, determine the local service area of each wholly distant and each partially distant station you  | Permitted<br>Stations          |  |  |  |
| -  | to that community.   | Stations                       |  |  |  |
| outside  | For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.) |                                |  |  |  |
| subscri  | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable  |                                |  |  |  |
|  | will have only one subscriber group when the distant stations it carried have local service areas that coincide.   |                                |  |  |  |
| groups   | tting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber  |                                |  |  |  |
|  | section:   |                                |  |  |  |
|  | fy the communities/areas represented by each subscriber group.<br>he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the   |                                |  |  |  |
|  | bers in the group.   |                                |  |  |  |
| • lf:  | eveter is leasted whelly cutside all major and smaller television markets, give each station's DSE on you gave it in parts 2, 2, and   |                                |  |  |  |
|  | 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<br>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 block B, 6 of this schedule.   |                                |  |  |  |
| •  | 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 instructions paper SA3 form.   |                                |  |  |  |
|  | ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding   |                                |  |  |  |
| page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. |  |                                |  |  |  |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SY   | STEM II |
|------|---|---------|
| Name | WideOpenWest, Inc.  | 04054   |
|      | 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.   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |
|      |   |         |

| FORM SA3E. F | PAGE 1 | 19. |
|--------------|--------|-----|
|--------------|--------|-----|

| LEGAL NAME OF OWN                            | IER OF CABL | E SYSTEM:      |                |                                    |           | Ę               | 6YSTEM ID#<br>040548 | Name              |
|--|-------------|----------------|----------------|------------------------------------|-----------|-----------------|----------------------|-------------------|
|  |             |                |                | TE FEES FOR EAC                    |           |                 |                      |                   |
| COMMUNITY/ AREA                              |             | SUBSCRIBER GRO | UP<br>0        |                                    |           | SUBSCRIBER GROU |                      | 9                 |
|  |             |                |                | COMMUNITY/ AREA 0                  |           |                 |                      | Computation       |
| CALL SIGN                                    | DSE         | CALL SIGN      | DSE            | CALL SIGN                          | DSE       | CALL SIGN       | DSE                  | of                |
|  |             |                |                |                                    |           |                 |                      | Base Rate Fee     |
|  |             |                |                |                                    |           |                 |                      | and<br>Syndicated |
|  |             |                |                |                                    |           |                 |                      | Exclusivity       |
|  |             |                |                |                                    |           |                 |                      | Surcharge         |
|  |             |                |                |                                    |           |                 |                      | for<br>Partially  |
|  |             |                |                |                                    |           |                 |                      | Distant           |
|  |             |                |                |                                    |           |                 |                      | Stations          |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
| Total DSEs                                   |             |                | 0.00           | Total DSEs                         |           |                 | 0.00                 |                   |
|  |             |                |                |                                    |           |                 | 0.00                 |                   |
| Gross Receipts First                         | Gloup       | \$             | 0.00           |                                    |           | \$              | 0.00                 |                   |
| Base Rate Fee First Group \$ 0.00            |             |                |                | Base Rate Fee Sec                  |           | \$              | 0.00                 |                   |
|  |             | SUBSCRIBER GRO |                |                                    |           | SUBSCRIBER GROU |                      |                   |
| COMMUNITY/ AREA                              |             |                | 0              | COMMUNITY/ ARE                     | Α         |                 | 0                    |                   |
| CALL SIGN                                    | DSE         | CALL SIGN      | DSE            | CALL SIGN                          | DSE       | CALL SIGN       | DSE                  |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             | -              |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
|  |             |                |                |                                    |           |                 |                      |                   |
| Total DSEs                                   |             |                | 0.00           | Total DSEs                         |           |                 | 0.00                 |                   |
|  |             | 0.00           |                | rth Croup                          |           | 0.00            |                      |                   |
| oross neceipis mila                          | Group       | \$             | 0.00           | Gross Receipts Fou                 | iai Gioup | \$              | 0.00                 |                   |
| Base Rate Fee Third                          | Group       | \$             | 0.00           | Base Rate Fee Fourth Group \$ 0.00 |           |                 | 0.00                 |                   |
| Base Rate Fee: Add<br>Enter here and in bloo |             |                | criber group a | s shown in the boxes a             | above.    | s               | 0.00                 |                   |
|  |             |                |                |                                    |           | *               | 0.00                 |                   |

| LEGAL NAME OF OWNER<br>WideOpenWest, In                  |                    | SYSTEM:         | -           |                         |           | S               | YSTEM ID#<br>040548 | Name                 |
|--|--------------------|-----------------|-------------|-------------------------|-----------|-----------------|---------------------|----------------------|
| В  |                    |                 |             | TE FEES FOR EAC         |           |                 |                     |                      |
|  | FIRST              | SUBSCRIBER GROU |             | SECOND SUBSCRIBER GROUP |           |                 |                     | 9                    |
| COMMUNITY/ AREA  |                    |                 | 0           | COMMUNITY/ AREA         |           |                 | 0                   | Computation          |
| CALL SIGN  | DSE                | CALL SIGN       | DSE         | CALL SIGN               | DSE       | CALL SIGN       | DSE                 | of                   |
| ON LEE CIGIT   | DOL                |                 | DOL         |                         | DOL       |                 | DOL                 | Base Rate Fee        |
|  |                    |                 |             |                         |           |                 |                     | and                  |
|  |                    |                 |             |                         |           |                 |                     | Syndicated           |
|  |                    |                 |             |                         |           |                 |                     | Exclusivity          |
|  |                    |                 |             |                         |           |                 |                     | Surcharge            |
|  |                    |                 |             |                         |           |                 |                     | for                  |
|  |                    |                 |             |                         |           |                 |                     | Partially<br>Distant |
|  |                    |                 |             |                         |           |                 |                     | Stations             |
|  |                    |                 |             |                         |           |                 |                     | otationo             |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
| Total DSEs   |                    |                 | 0.00        | Total DSEs              |           |                 | 0.00                |                      |
| Gross Receipts First Gro                                 | oup                | \$              | 0.00        | Gross Receipts Seco     | ond Group | \$              | 0.00                |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
| Base Rate Fee First Gro                                  | oup                | \$              | 0.00        | Base Rate Fee Seco      | ond Group | \$              | 0.00                |                      |
|  | THIRD              | SUBSCRIBER GROU | Р           |                         | FOURTH    | SUBSCRIBER GROU | P                   |                      |
| COMMUNITY/ AREA  |                    |                 | 0           | COMMUNITY/ AREA         |           |                 | 0                   |                      |
| CALL SIGN  | DSE                | CALL SIGN       | DSE         | CALL SIGN               | DSE       | CALL SIGN       | DSE                 |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
| Total DSEs   |                    |                 | 0.00        | Total DSEs              |           |                 | 0.00                |                      |
| Gross Receipts Third Gr                                  | oup                | \$              | 0.00        | Gross Receipts Four     | th Group  | \$              | 0.00                |                      |
|  |                    |                 |             |                         |           |                 |                     |                      |
| Base Rate Fee Third Gr                                   | oup                | \$              | 0.00        | Base Rate Fee Four      | th Group  | \$              | 0.00                |                      |
| <b>Base Rate Fee:</b> Add the Enter here and in block \$ |                    |                 | ber group a | as shown in the boxes a | above.    | s               | 0.00                |                      |
|  | ., <b>, ., o</b> p | (3)             |             |                         |           |                 |                     |                      |

\_

| Nome                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
| Name                                    | WideOpenWest, Inc.   |   |  |  |  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |  |  |  |  |  |
| 9                                       | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:  |   |  |  |  |  |  |  |
| omputation<br>of                        | First 50 major television market   | Second 50 major television market                                     |  |  |  |  |  |  |
| se Rate Fee                             | INSTRUCTIONS:  |   |  |  |  |  |  |  |
| and<br>ndicated                         | this schedule.   | commercial VHF Grade B contour stations listed in block A, part 9 of  |  |  |  |  |  |  |
| clusivity                               |  | er group for the VHF Grade B contour stations that were classified as |  |  |  |  |  |  |
| urcharge                                | Exempt DSEs in block C, part 7 of this schedule. If no   |   |  |  |  |  |  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |  |  |  |  |  |  |
|   | FIRST SUBSCRIBER GROUP   | SECOND SUBSCRIBER GROUP   |  |  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |  |  |  |  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |  |  |  |  |  |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                                   |  |  |  |  |  |  |
|   | and enter here. This is the  | and enter here. This is the   |  |  |  |  |  |  |
|   | total number of DSEs for   | total number of DSEs for  |  |  |  |  |  |  |
|   | this subscriber group  | this subscriber group   |  |  |  |  |  |  |
|   | subject to the surcharge computation   | - subject to the surcharge  |  |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
|   | First Group  | Second Group \$   |  |  |  |  |  |  |
|   | THIRD SUBSCRIBER GROUP   | FOURTH SUBSCRIBER GROUP   |  |  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |  |  |  |  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |  |  |  |  |  |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                                   |  |  |  |  |  |  |
|   | and enter here. This is the  | and enter here. This is the   |  |  |  |  |  |  |
|   | total number of DSEs for   | total number of DSEs for<br>this subscriber group                     |  |  |  |  |  |  |
|   | this subscriber group<br>subject to the surcharge  | subject to the surcharge  |  |  |  |  |  |  |
|   | computation  | - computation   |  |  |  |  |  |  |
|   |  | SYNDICATED EXCLUSIVITY  |  |  |  |  |  |  |
|   | SURCHARGE  | SURCHARGE   |  |  |  |  |  |  |
|   | Third Group  | Fourth Group \$   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcha<br>in the boxes above. Enter here and in block 4, line 2 of space   |   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |