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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
8/16/2022	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting Period	2022-01									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 61026									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Northwest Iowa Telephone Co									
				61026202201 61026 2022-01						
				61026 2022-01						
	PO Box 38									
	Sergeant Bluff, IA 51054									
	INSTRUCTIONS: In line 1, give any business or trade names used to id	entify the busines	s and operation of the syste	m unless these						
С	names already appear in space B. In line 2, give the mailing address of									
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comm	gunity served below and reli	st on page 1h						
Area	with all communities.	orny the fist comm	idinity solved below and rem	ot on page 15						
Served	CITY OR TOWN	STATE								
First										
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda Alliance	MD MD	A B	1 2						
	Gering	MD	В	3						
	-									

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

ACCOUNTING PERIOD: 2022-01 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61026 Northwest Iowa Telephone Co Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE Salix IA AA 1 **First** Sloan IA AA 1 Community **Anthon** IA AA 1 Correctionville IA AA 1 **Danbury** IA AA 1 Whiting 1 IA AA See instructions for Holstein IA AA 1 additional information on alphabetization. **Ida Grove** IA AA Soldier IA AA 1 Ute AA 1 IA Mapleton IA AA 1 Add rows as necessary. Onawa IA AA **Blencoe** 1 IA AA Moorhead AA 1 IA Sergeant Bluff IA AA 1 **Jefferson** SD AB 2 **Dakota Dunes** SD AB 2 **North Sioux City** SD AB 2 Storm Lake IA 2 AB **South Sioux City** NE AB 2 Missouri Valley AC 3 IA 3 AC Logan IA Woodbine IA AC 4 Magnolia 4 IA AC **Orange City** IA **AD** 5

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Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	R/	ATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:							
 Service to first set 	4,257	\$	91.90	Broadcast Starter	5,805	\$	24.95
 Service to additional set(s) 	1,027	\$	15.00	Basic Plus	5,601	\$	53.00
 FM radio (if separate rate) 				Bulk	498	\$	54.23
Motel, hotel		180)-3000				
Commercial	190						
Converter							
Residential	Boxes 1832	\$	6.95				
Non-residential	DVR 1984	\$	16.95				
		1				1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential					
Pay cable		Motel, hotel	\$	29.95			
 Pay cable—add'l channel 		Commercial					
 Fire protection 		Pay cable					
•Burglar protection		Pay cable-add'l channel					
Installation: Residential		Fire protection			ĺ		
First set	\$ 29.95	Burglar protection					
Additional set(s)		Other services:					
 FM radio (if separate rate) 		Reconnect	\$	29.95			
Converter		Disconnect			ĺ		
		Outlet relocation			ĺ		
		Move to new address					
					ľ		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61026 Northwest Iowa Telephone Co PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) dwestbrook #N/A #N/A #N/A KTIV-D2 CW 65.2 N Sioux City, la See instructions for KTIV-D3 MeTV 65.3 I-M Sioux City, la additional information n alphabetization. KTIV-D4 Court TV 68.3 I-M Sioux City, la **KPTH CBS** 67.1 Ν Sioux City, la **KPTH FOX** 66.1 Ν Sioux City, la **KPTH MyTV** 49.3 I-M Sioux City, la **KCAU ABC** 66.2 Ν Sioux City, la **KCAU-Laff** 66.7 Sioux City, la I-M **KCAU-Bounce** 67.6 I-M Sioux City, la KCAU-Escape 0 I-M Sioux City, la **KMEG-Dabl** 66.3 I-M Sioux City, la KMEG-Charge 66.4 I-M Sioux City, la **KMEG-Comet** 67.5 I-M Sioux City, la **KMEG-Stadium** 65.7 I-M Sioux City, la **IPBS-Create** Ε Sioux City, la 13.1 **IPBS-World** Ε Sioux City, la 13.2 **IPBS-Kids** 13.3 Ε Sioux City, la

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Northwest Iowa Telephone Co

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KTIV-NBC	65.1	N			Sioux City, Ia
KTIV-D2 CW	65.2	N			Sioux City, Ia
KTIV-D3 MeTV	65.3	I-M			Sioux City, Ia
KTIV-D4 Court TV	68.3	I-M			Sioux City, Ia
КРТН CBS	67.1	N			Sioux City, Ia
КРТН FOX	66.1	N			Sioux City, Ia
KPTH MyTV	49.3	I-M			Sioux City, Ia
KCAU ABC	66.2	N			Sioux City, Ia
KCAU-Laff	66.7	I-M			Sioux City, Ia
KCAU-Bounce	67.6	I-M			Sioux City, Ia
KCAU-Escape	0	I-M			Sioux City, Ia
KMEG-Dabl	66.3	I-M			Sioux City, Ia
KMEG-Charge	66.4	I-M			Sioux City, Ia
KMEG-Comet	67.5	I-M			Sioux City, Ia
KMEG-Stadium	65.7	I-M			Sioux City, Ia
	34	Е			Vermillion, SD

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Northwest Iowa Telephone Co

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WOWT-D1 NBC	22	N			Omaha, NE
WOWT-D2 COZI	0	I-M			Omaha, NE
WOWT-D3 Heroes	68.4	I-M			Omaha, NE
KPTM-MyTV	43	I-M			Omaha, NE
KPTM-Fox	0	N			Omaha, NE
KPTM-D3 CW	43.3	N			Omaha, NE
KPTM-D4 Comet	0	I-M			Omaha, NE
KMTV-D1 CBS	45	N			Omaha, NE
KMTV-D2 Grit	0	I-M			Omaha, NE
KMTV-D3 Laff	0	I-M			Omaha, NE
KMTV-D4 Ion	0	I-M			Omaha, NE
KETV-ABC	0	N			Omaha, NE
KETV-MeTV	0	I-M			Omaha, NE
KYNE	0	E			Omaha, NE

G

Primary Transmitters: Television

Northwest Iowa Telephone Co 61026	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	Northwest Iowa Telephone Co	61026	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KTIV-NBC	65.1	N			Sioux City, Ia
KTIV-D2 CW	65.2	N			Sioux City, Ia
KTIV-D3 MeTV	65.3	I-M			Sioux City, la
KTIV-D4 Court TV	68.3	I-M			Sioux City, la
KPTH CBS	67.1	N			Sioux City, la
КРТН FOX	66.1	N			Sioux City, la
KPTH MyTV	49.3	I-M			Sioux City, la
KCAU ABC	66.2	N			Sioux City, la
KCAU-Laff	66.7	I-M			Sioux City, la
KCAU-Bounce	67.6	I-M			Sioux City, la
KCAU-Escape	0	I-M			Sioux City, la
KMEG-Dabl	66.3	I-M			Sioux City, la
KMEG-Charge	66.4	I-M			Sioux City, la
KMEG-Comet	67.5	I-M			Sioux City, la
KMEG-Stadium	65.7	I-M			Sioux City, la
KELO	11	N			Sioux Falls, SD

G

Primary Transmitters: Television

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama			
Northwest lowa	a Telephone	Co			61026	Name			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
carried by your cable s FCC rules and regulati	ystem during the	ne accounting I June 24, 198	period, except (31, permitting th	(1) stations carried e carriage of certa	and low power television stations) I only on a part-time basis under in network programs [sections	G Primary			
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.									
List the station here,	and also in spa formation conc	ce I, if the sta			ute basis and also on some other the general instructions located				
Column 1: List eac each multicast stream	h station's call associated with	n a station acc	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example				
WETA-simulcast). Column 2: Give the	e channel numb	er the FCC h	as assigned to t	he television station	on for broadcasting over-the-air in				
on which your cable sy	stem carried th	e station.			may be different from the channel pendent station, or a noncommercial				
(for independent multid For the meaning of the	cast), "E" (for no se terms, see p ation is outside	oncommercial page (v) of the the local serv	educational), or e general instruc rice area, (i.e. "d	r "E-M" (for nonco tions located in th istant"), enter "Yes	s". If not, enter "No". For an ex-				
Column 5: If you had cable system carried the distant state	ave entered "Ye ne distant statio ion on a part-tir	es" in column on during the anne basis beca	4, you must con accounting perionuse of lack of a	nplete column 5, s od. Indicate by ente ctivated channel c	tating the basis on which your ering "LAC" if your cable system				
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	entered into or a primary transi simulcasts, also aree categories, e location of ea	n or before Jun mitter or an as o enter "E". If y see page (v) ch station. Fo	ne 30, 2009, bet ssociation repres you carried the o of the general in r U.S. stations, I	tween a cable systementing the primary channel on any other instructions located ist the community	y transmitter, enter the designa- ler basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.				
Note: If you are utilizin	g multiple char	• •	•		channel line-up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
	NOWBER	STATION		(If Distant)					
		•							
		•							

ACCOUNTING PERIOD: 2022-01 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61026 Northwest Iowa Telephone Co PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION AM or FM S/D CALL SIGN AM or FM S/D LOCATION OF STATION **KZSR** FΜ Dakota Dunes, SD

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2022-
LEGAL NAME OF OWNER OF		EM:			;	SYSTEM ID#	Namo
Northwest Iowa Telepl	none Co					61026	
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LOG	ì			_
substitute basis during the a explanation of the programm	ccounting po ning that mu	eriod, under spe st be included i	sion program broadcast by a ecific present and former FC n this log, see page (v) of th	C rules, regu	lations, or authorizations	For a further	Substitute Carriage:
. SPECIAL STATEMENT							Special
proadcast by a distant stat	tion?	•	ı carry, on a substitute basi	•	Yes	XNo	Statement a Program Lo
Note: If your answer is "No og in block 2.	", leave the	rest of this pag	ge blank. If your answer is '	'Yes," you mu	ust complete the progra	m	
clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, resA3 form for futher informatitles, for example, "I Love Lagrange Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mortifiest. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letted delete under FCC rules a gram was substituted for present and column	titute progratice, please of every no distant state gulations, contion. Do not be distant state gulations, contion. Do not be distant state and the and day we "5/7." Les when the Example: a state of the gulatic gramming the state of the gulatic gramming gulatic gulatic gramming gulatic gramming gulatic gramming gulatic gulat	am on a separa attach addition nnetwork televion and that your authorization of use general of BA Basketball: deast live, entestation broadca on's location (thons, if any, the when your system substitute program carrilisted program carrilisted program ons in effect di	ision program (substitute p our cable system substitute os. See page (vi) of the gen categories like "movies", or	rogram) that, d for the progeral instruction is lice station i	during the accounting gramming of another states on slocated in the paper. List specific program ensed by the FCC or, in ntified). In the times accurate the state of the system was require the system was require the ster "P" if the listed pro-	tion - nth ly	
effect on October 19, 1976	-			WHE	EN SUBSTITUTE	T	
S	UBSTITUT	E PROGRAM	l T	CARR	IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					_		
	 	 					
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ACCOUNTING PERIOD: 2022-01 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS** DATE **FROM** TO DATE **FROM** TO

LEGA		EM ID# 61026
Inst all a (as i page	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identified in space E) during the accounting period. For a further explanation of how to compute this amount, see e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 3,099,657	K Gross Receipts
IMP	CORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)	
Con Con If yo fee t If yo acco	RIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. It is system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. It is system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule ompanying this form and attach the schedule to your statement of account. Interview of the DSE schedule was completed, the base rate fee should be entered on line 1 of	Copyright Royalty Fee
bloc	ck 3 below.	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block elow.	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 3,099,657	7.07
	Enter the result here. This is your minimum fee. \$ 32,980	0.35
Block 2	plistant Television Stations Carried: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4.	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00
	Line 3. Add lines 1 and 2 and enter here	<u>-</u>
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger \$ 32,980	0.35 Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00 submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	5.00 the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	
	EFT Trace # or TRANSACTION ID # 2.20815E+11	additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)	

		VOTER ID#
Name		4STEM ID# 61026
	Northwest Iowa Telephone Co	01020
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
los allos dalos al 4 a	we can contact about this statement of account.)	
Individual to		
Be Contacted		
for Further Information	Name Paul Bergmann Telephone 712-271-4000	
	Address 504 4th Street (Number, street, rural route, apartment, or suite number)	
	Sergeant Bluff, IA 51054	
	(City, town, state, zip)	
	Email pbergmann@longlines.biz Fax (optional) 712-271-2727	
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified	
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system	
	in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein	
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1001(1986)]	
	/s/Paul Bergmann	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2"	"
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: /s/Paul Rorgmann	
	Typed or printed name: /s/Paul Bergmann	
	Title: CFO	
	(Title of official position held in corporation or partnership)	
	Date: August 16, 2022	
	1.000.000.000.000.000.000.000.000.000.0	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
Northwest Iowa Telephone Co	61026	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act I lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syste service of providing secondary transmissions of primary broadcast transmitters, the system sh scribers and amounts collected from subscribers receiving secondary transmissions pursuant For more information on when to exclude these amounts, see the note on page (vii) of the general in paper SA3 form.	om for the basic nall not include sub- to section 119."	Special Statement Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?	ary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late paymen For an explanation of interest assessment, see page (viii) of the general instructions in the paper SAS	• •	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	days x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copy please list below the owner, address, first community served, accounting period, and ID number as g filing.	-	
Owner		
Address		
First community served		
Accounting period ID number		

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

ACCOUNTING PERIOD: 2022-01

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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

Santa Rosa	Stations A and C 35 mile zone
Rapid City	Fairvale
∖ ar	Bodega Bay ns B, D, dd E le zone

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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

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

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

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

ACCOUNTING PERIOD: 2022-01

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSL SCHLDULL. FAGI	l ·	E CVCTEM.			6,	YSTEM ID#					
1											
	Northwest Iowa Telephone Co										
	SUM OF DSEs OF CATEGOR		IS:								
	Add the DSEs of each station				0.00						
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00						
	Instructions:										
	In the column headed "Call S	lign": list the cal	I signs of all distant stations i	identified by the	e letter "O" in column 5						
Computation	of space G (page 3). In the column headed "DSE"	· for each indens	endent station, give the DSE	as "1 0": for ea	ach network or noncom-						
	mercial educational station, give			43 1.0 , 101 00	don notwork of noncom-						
Category "O"	7.5		CATEGORY "O" STATION	IS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add rows as											
necessary.											
Remember to copy all											
formula into new											
rows.											
											
						l					
] 					

	 P	p	 	

Name		owner of Cable System: owa Telephone Co					S	61026
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-1 Column 6	st the call sign of all distar : For each station, give the correspond with the inform : For each station, give the Divide the figure in colurat least to the third deciment of the column of the colu	ne number of homation given in the total number mn 2 by the figural point. This is station, give the fumn 4 by the figural pose. (For more	ours your cable systen space J. Calculate on of hours that the stati ure in column 3, and g the "basis of carriage" "type-value" as "1.0." gure in column 5, and e information on round	n carried the station on carried the station on DSE for each on broadcast overgive the result in devalue" for the state of	on during the accounting ach station. r the air during the accoulecimals in column 4. This ation. c or noncommercial eductions of the general instruction in the general instruction.	nting period. If figure must ational station,	
Cupacity		(CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	SE VALU	Ē	E
			÷		=	X	=	
			÷ ÷		= _	<u>x</u>	=	
					=	x		
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	х	=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: I at your option. Column 3:	e the call sign of each stall by your system in substict on October 19, 1976 (anne or more live, nonnetwo	ation listed in sp tution for a prog as shown by the ork programs du number of live, spond with the ir in the calendar	pace I (page 5, the Log gram that your system e letter "P" in column 7 ring that optional carri nonnetwork programs nformation in space I.	g of Substitute Pro was permitted to 7 of space I); and age (as shown by t s carried in substitation	delete under FCC rules and the word "Yes" in column 2 tution for programs that w	and regular- of vere deleted	
		Divide the figure in colum Γhis is the station's DSE ((For more inform	mation on rounding, se	ee page (viii) of th	e general instructions in).
	1	Sl	JBSTITUTE-	BASIS STATION		ATION OF DSEs	T	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY: IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=		4		=
		-				-		=
		-				-		=
		4		=		-		=
		+	÷	=		-	-	=
	Add the DSEs	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		edule,		0.00		
5		ER OF DSEs: Give the amo		oxes in parts 2, 3, and	4 of this schedule	and add them to provide t	he total	
Total Number	1. Number	of DSEs from part 2 ●				 _	0.00	
of DSEs	2. Number	of DSEs from part 3 ●				-	0.00	
	3. Number	of DSEs from part 4 ●				▶	0.00	
								
	TOTAL NUMBE	R OF DSEs						0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022-01

	WNER OF CABLE S						S	YSTEM ID# 61026	Name
	•								
In block A:	ck A must be comp								C
 If your answer if schedule. 	"Yes," leave the re	mainder of pa	art 6 and part 7	of the DSE schedu	ıle blank and	complete part 8	8, (page 16) of the		6
If your answer if	"No," complete blo	cks B and C		TEL EL (1010N1N4	A DIVETO				Computation of
le the cable eveter	n located wholly o	utside of all m		TELEVISION MA er markets as defin		tion 76.5 of EC	C rules and regula	tions in	3.75 Fee
effect on June 24,		utside of all fi	iajoi and smair	ei iliaikeis as ueilii	ed under sec	1011 70.3 01 1 0	C rules and regula	uons m	
Yes—Com	plete part 8 of the	schedule—D	O NOT COMP	LETE THE REMAIN	NDER OF PA	RT 6 AND 7.			
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARF	RIAGE OF PERM	AITTED DS	SEs			
Column 1: CALL SIGN	FCC rules and re	egulations prid ne DSE Sched	or to June 25, 1 dule. (Note: The	oart 2, 3, and 4 of th 981. For further ex e letter M below ref Act of 2010.)	planation of p	ermitted station	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric	lles and reguled pursuant to on as defined al educationa	ations cited be the FCC mark in 76.5(kk) (76 Il station [76.59	is on which you cal low pertain to those ket quota rules [76. 5.59(d)(1), 76.61(e) (c), 76.61(d), 76.63 aph regarding subs	e in effect on . 57, 76.59(b), (1), 76.63(a) 8(a) referring	June 24, 1981. 76.61(b)(c), 76 referring to 76.0 to 76.61(d)]	.63(a) referring to		
	·	ant to individu viously carrie JHF station w	ial waiver of F0 d on a part-time ithin grade-B ce	e or substitute basis ontour, [76.59(d)(5)			ring to 76.61(e)(5)]		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	-					<u> </u>			
								0.00	
			BLOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	part 5 of this s	chedule					
Line 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve					
				of DSEs subject t of this schedule)		ate.		0.00	
Line 4: Enter gro	ss receipts from	space K (pa	ige 7)						Do any of the
line F. M. W. C. P.	4 h 0 0075	and and	h				x 0.03	375	DSEs represent partially permited/
Line 5: Multiply li	ne 4 by 0.0375 a	ına enter sui	n nere				x		partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line	3					-	If yes, see part 9 instructions.
I ine 7: Multiply li	ine 6 by line 5 an	d enter here	and on line 2	. block 3. space L	(page 7)			0.00	

	OWNER OF CABLE						S'	YSTEM ID# 61026	
		BLOCK	(A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
					L				
					L				
					<u> </u>				
		ļ							
					.				
									
			•	•			•		

ACCOUNTING PERIOD: 2022-01

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Northwest Iowa Telephone Co 61026 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSF **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Northwest lowa Telephone Co	SYSTEM ID# 61026	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,099,657.07	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE.	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on	_	
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
1			

Name	_		STEM ID# 61026
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here G. Add lines A, C, and F. This is your surcharge.	61026
_		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. Ctions:	
Computation of Base Rate Fee	6 was of In blood of If you blank What if were local	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below it. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did ye	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7)	_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	.
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	_
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	_
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022-01

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co	SYSTEM ID# 61026 Name
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	_
A. Enter 0.01064 of gross receipts (the amount in section 1) **The image is a content of the im	8
B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here \$	
D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$	
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶	
F. Multiply line D by line E and enter here \$	
G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ \	0.00
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of televis instead be reported on a community-by-community basis (subscriber groups) if the cable system reported mul Space G.	
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your b receipts from subscribers located within the station's local service area, from your system's total gross receipt exclusion, you must:	s. To take advantage of this of
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your	Determine the number of rate fee for each group. Syndicated Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block if your cable system is wholly located outside all major television markets, complete block A only.	exempt in part 7, you must A and B below. However, Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially carried to that community.	for Partially Permitted Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscril outside the station's local service area. A subscriber located outside the local service area of a station is distant the same token, the station is distant to the subscriber.)	
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they subscriber group must consist entirely of subscribers who are distant to exactly the same complement of static system will have only one subscriber group when the distant stations it carried have local service areas that or	ons. Note that a cable
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each groups.	of your system's subscriber
In each section:	
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is subscribers in the group. 	distant to all of the
 If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as y 4 of this schedule; or, 	ou gave it in parts 2, 3, and
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you part 6 of this schedule.	gave it in block B,
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
 Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of t in the paper SA3 form. 	ne general instructions
 Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this sche page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscrib DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). Yo actual calculations on the form. 	er group (that is, the total

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
Hanne	Northwest Iowa Telephone Co	61026
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE Northwest Iowa Te						\$	61026	Name
		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA	1-Salix			COMMUNITY/ AREA	1-Sloan			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group		s 57,213.92		Gross Receipts Secon	d Group	\$	92,422.49	
0.000 1.000 pto 1 iiot 0					а О.оцр			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
COMMUNITY/ AREA	THIRD 1-Antho	SUBSCRIBER GRO	JP	COMMUNITY/ AREA		SUBSCRIBER GROU ctionville	JP	
COMMONT I/ AREA	1-7-11(11)	JII		COMMONT I/ AREA	1-00110			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							2.00	
Total DSEs	`rous		0.00	Total DSEs	Crows	•	0.00	
Gross Receipts Third G	oroup	3 5	9,137.53	Gross Receipts Fourth	Group	\$	66,529.72	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				11				
Base Rate Fee: Add th Enter here and in block			riber group a	s shown in the boxes abo	ove.	\$	0.00	

LEGAL NAME OF OWNE Northwest Iowa Te						\$	61026	Name
Northwest lowa 16	elephone						61026	
I				TE FEES FOR EACH				
		SUBSCRIBER GRO)UP			SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	1-Danb	oury		COMMUNITY/ AREA	1-Whitin	g		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIGIN	DOL	CALL SIGIN	DOL	OALL GIGIN	DOL	CALL SIGIV	DOL	Base Rate Fe
	•••••••	H	····		•		······	and
	····	H	····					Syndicated
	•••••••	H	····		•		······	Exclusivity
	···	<u> </u>	····					Surcharge
		<u> </u>						for
								Partially
						_		Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 3	6,726.15	Gross Receipts Second	d Group	\$	56,758.59	
rood reddiplo r not d	loup			Cross rescripto coscin	а отоар	*		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO)UP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	1-Sioux	x Citv		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 6	9,860.53	Gross Receipts Fourth	Group	\$	14,784.38	
Raco Data Eas Third C	2roup		0.00	Baso Poto Eco Format	Group		0.00	
Base Rate Fee Third G	σιουρ	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Inter here and in block			criber group a	s shown in the boxes ab	ove.	\$		
and here and in block	, 1, 3	pase L (page 1)				Ψ		

LEGAL NAME OF OWNE Northwest Iowa Te						•	61026	Name
I		COMPUTATION OF		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	1-Ida G	rove		COMMUNITY/ AREA	1-Soldie	r		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	. 220	,157.91	Gross Receipts Second	d Croup	•	13,614.13	
Gross Receipts First G	roup	\$ 223	,137.31	Gross Receipts Secon	u Group	\$	13,614.13	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
		SUBSCRIBER GROU	JP			SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	1-Ute			COMMUNITY/ AREA	1-Maplet	on		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third G	Group	\$ 21	,555.71	Gross Receipts Fourth	Group	\$	98,816.21	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	II	ove.	\$		

LEGAL NAME OF OWNE Northwest Iowa Te						\$	61026	Name
		COMPUTATION O SUBSCRIBER GROU		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	1-Onav			COMMUNITY/ AREA				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant Stations
			···					Otations
Total DSEs		0.00		Total DSEs			0.00	
Gross Receipts First G	roup	\$ 223	3,695.61	Gross Receipts Second	d Group	\$	16,693.70	
Base Rate Fee First Gi	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
F	IFTEENTH	SUBSCRIBER GROU	JP	S	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 21	,555.71	Gross Receipts Fourth	Group	\$ 2	290,470.67	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	s shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNE Northwest Iowa To						S	61026	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA	2-Jeffe	rson SD		COMMUNITY/ AREA	2-Dakot	a Dunes SD		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
							2.00	
Total DSEs Gross Receipts First Group		e 30	0.00	Total DSEs	d Croup	•	0.00	
Gloss Receipts First G	roup	3 33	,657.85	Gross Receipts Secon	a Group	\$	222,716.40	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NI COMMUNITY/ AREA		SUBSCRIBER GROUND SIOUX CITY NE	JP	COMMUNITY/ AREA		SUBSCRIBER GROUS Sioux City SD	JP	
COMMONT I/ AILLA	2-30uti	TOIOUX OILY NE		COMMONT IT AREA	2-1401111	Oloux Oity OD		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 296	,336.32	Gross Receipts Fourth	Group	\$	142,484.28	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER Northwest lowa Te						5	61026	Name
F	BLOCK A	COMPUTATION O	F BASF RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GRO		TT .		SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA	2-Storn	n Lake IA		COMMUNITY/ AREA	3-Misso	uri Valley		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 533	3,717.77	Gross Receipts Second	d Group	\$	130,187.13	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO	UP	TWENT	Y-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	3-Loga			COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$ 59	9,886.08	Gross Receipts Fourth	Group	\$	65,093.56	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes ab	ove.	\$		

61026 Name							LEGAL NAME OF OWNER Northwest lowa Te
		CI IDOOD!	TE FEEO FOR TACK	. D V O C . D V			
JTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP RIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP					SUBSCRIBER GROU		
COMMUNITY/ AREA 5-Orange City Computation						4-Magn	COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe	57.EE 57611	552	67 LEZ 676.1	302	07.122 0.011	202	07.22 07077
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			Total DSEs	0.00			otal DSEs
5,207.49 Gross Receipts Second Group \$ 235,377.23	\$ 235,37	d Group	Gross Receipts Second	207.49	\$ 5	oup	Gross Receipts First Gro
0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
RIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	Р	SUBSCRIBER GROU	SEVENTH	TWENTY-S
O COMMUNITY/ AREA O			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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0 00 Total DSEs			Total DSFe	0.00			Total DSEs
0.00 Total DSEs				_			Total DSEs
0.00 Total DSEs 0.00 0.00 Gross Receipts Fourth Group \$ 0.00	\$	Group		_	\$	roup	Total DSEs Gross Receipts Third Gr

LEGAL NAME OF OWNE Northwest Iowa Te			-				61026	Name	
[BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP			
	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA	1-Salix			COMMUNITY/ AREA	AREA 1-Sloan				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fe	
								and	
								Syndicated	
								Exclusivity	
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Total DSEs	•	0.00		Total DSEs			0.00		
Gross Receipts First G	roup	\$ 5	7,213.92	Gross Receipts Second	d Group	\$			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	1-Antho	on		COMMUNITY/ AREA	1-Corre	ctionville	tionville		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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			0.00	T			0.00		
Total DSEs			0.00	Total DSEs	_		0.00		
Gross Receipts Third G	iroup	\$ 5	9,137.53	Gross Receipts Fourth	Group	\$	66,529.72		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
se Rate Fee: Add th	e base rat	e fees for each subs	criber aroup :	II as shown in the boxes ab	ove.				
nter here and in block			group	S III die boxes ab		\$	0.00		

TH SUBSCRIBER GROUP	SUBSCRI					Northwest Iowa Te
ting 9		TE FEES FOR EACH				В
ing -			IP	H SUBSCRIBER GROU		
Computation	1-Whitin	COMMUNITY/ AREA		bury	1-Danb	COMMUNITY/ AREA
CALL SIGN DSE of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo						
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0.00		Total DSEs	0.00			Total DSEs
\$ 56,758.59	d Group	Gross Receipts Secon	,726.15	\$ 36,	oup	Gross Receipts First Gr
\$ 0.00	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
TH SUBSCRIBER GROUP	EIGHTH		IP	SUBSCRIBER GROU	SEVENTH	
tein	1-Holste	COMMUNITY/ AREA		x City	1-Sioux	COMMUNITY/ AREA
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0.00 s 14,784.38	ı Group	Gross Receipts Fourth	,860.53	\$ 69,	roup	Gross Receipts Third G

Name	61026	S				Со	elephone	Northwest Iowa Te
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A:	E
	JP	SUBSCRIBER GROU	TENTH		IP	SUBSCRIBER GROU	NINTH	
9 Computatio		r	1-Soldie	COMMUNITY/ AREA	rove		1-lda Gı	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo								
and								
Syndicated								
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Surcharge								
for								
Partially								
Distant								
Stations								
	0.00		•	Total DSEs	0.00		•	Total DSEs
			Gross Receipts Second Group		\$ 229,157.91		oup	Gross Receipts First Gr
	13,614.13	\$	d Group	Gloss Receipts Second			•	
	0.00	\$		Base Rate Fee Second	0.00	\$	oup	3ase Rate Fee First Gr
	0.00		d Group	Base Rate Fee Second		\$ SUBSCRIBER GROU		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second				E
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second			LEVENTH	E
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
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	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ton	d Group TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA	JP	SUBSCRIBER GROU	LEVENTH 1-Ute	CALL SIGN
	DSE	SUBSCRIBER GROU ton CALL SIGN	TWELVTH 1-Maple	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE DSE	E COMMUNITY/ AREA

Name	61026	S					R OF CABLE elephone	Northwest Iowa Te
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A:	E
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9 Computatio		oe .	1-Blence	COMMUNITY/ AREA		ra	1-Onaw	COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
	0.00		Gross Receipts Second Group		\$ 223,695.61		oup.	Gross Receipts First Gr
	16,693.70	\$	d Group	Gross Receipts Second	,095.01	\$ 223	oup	orosa recocipio i irai Or
	-	\$		Gross Receipts Second Base Rate Fee Second	0.00	\$	·	·
	0.00		d Group	Base Rate Fee Second	0.00		oup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
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	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	Base Rate Fee First Gr FI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU ant Bluff	d Group BIXTEENTH 2-Sergea	Base Rate Fee Second S COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup FTEENTH 1-Moort	FICOMMUNITY/ AREA CALL SIGN
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Name	YSTEM ID# 61026	3				Co	elephone	Northwest Iowa Te
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A:	E
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9 Computation		a Dunes SD	2-Dakota	COMMUNITY/ AREA	rson SD		2-Jeffer	OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	Gross Receipts Second Group \$ 222,716.40			\$ 39,657.85			
		\$ 22	d Group	Gross Receipts Second	,657.85	\$ 39	oup	Gross Receipts First Gr
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