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.

## SA1-2E Short Form

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/9/2022	\$
	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: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting	Barcode Data Filing Period (optional - see instructions)								
Period									
В	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.								
Owner	List any other name or names under which the owner conducts the business of the cable system.								
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	OMNI III CABLE TV, INC.								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	P.O. BOX 308 (Number, street, rural route, apartment, or suite number)								
	JAY, OK 74346								
	(City, town, state, zip)								
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								

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

Accounting Period:	2021/2	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name	OMNI III CABLE TV, INC.	0
	Instructions: List each separate community served by the cable system. A "cor	
D	separate and distinct community or municipal entity (including unincorporated	
U	unincorporated areas)." 47 C.F.R. 76.5(dd). The first 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 filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	JAY	OK
Community	DISNEY	OK
Add Rows as Necessary		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

OMNI III CABLE TV, INC.

0

# Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential - Analog 1st Set	108	26.5				
Service to additional set(s)	186	2.50	НВО	-	18.00	
Residential - Digital Ist Set	293	35.00	CINEMAX	-	18.00	
Service to additional set(s)	197	6.00	HBO/MAX PKG	2	30.00	
Motel, hotel				-		
Commercial						
Converter			DVR Box	13	9.00	
Residential						
Non-residential						

# F

### Services Other Than Secondary Transmissions Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		NEW WIRE INSTALL	20.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		DVR BOX	9.00
Fire protection		Pay cable			
Burglar protection		Pay cable-add'l channel		DIGITAL	
Installation: Residential		Fire protection		Basic Cable	35.00
• First set		Burglar protection		Extended	70.00
Additional set(s)		Other services:		Total Package	15.00
• FM radio (if separate rate)		• Reconnect	25.00	TOTAL PACKAGE	#####
Converter		Disconnect			
		Outlet relocation	20.00		
		Move to new address	25.00		
			-		

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
OMNI III CABLE TV, INC.

FORM SA1-2E. PAGE 3.

SYSTEM ID#

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

**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 multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC 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.

**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 (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** 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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION CBS **KOTV** 6 TULSA, OK **KTUL** 8 **ABC** Ν **TULSA, OK AETV** 11 Ε **PBS FAYETTEVILLE, AR KJRH** 14 Ν **NBC TULSA, OK KMYT** 15 MNT **TULSA, OK KQCW** CW19 18 I **TULSA, OK** KOKI 23 FOX **TULSA, OK KDOR** 24 ı TBN TULSA, OK **KRSC** 25 Ε RSUTV CLAREMORE, OK \* SEE ATTACHMENT FOR DIGITAL STATIONS

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

OMNI III CABLE TV, INC.

SYSTEM ID#

## PRIMARY TRANSMITTERS: RADIO

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

**Primary** Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		·				 	
		<del> </del>				<del> </del> -	
	<b></b>	<del> </del>				<b> </b> -	
		<b> </b>				ļ	
		1					
		<del> </del>	<del> </del>			<del> </del> -	<del> </del>
	<b></b>	<del> </del>				<b> </b> -	
		<b> </b>				ļ	
		t					
						<del> </del>	
		<b></b>				ļ	
		<u> </u>				<u> </u>	
		1					
		<del> </del>					
		<del> </del>				ļ	<del> </del>
		<b> </b>				ļ	
		1					
		<del> </del>				<del> </del> -	
	<b></b>	<del> </del>				<b> </b> -	
		ļ				ļ 	
		t					<b></b>
	· <b></b>	<del> </del>	<del> </del>			<del> </del> -	<b> </b>
		<b>}</b>				<b> </b> -	
		ļ				ļ	
		T					
						}	
		<del> </del>				<del> </del>	
		ļ				ļ	
		<u> </u>					
		ł				<del> </del>	
		ļ				<b> </b>	
		ļ				ļ 	
						<del> </del>	
		<b></b>				<del> </del> -	
		ļ				ļ	
			l	1		l .	l

Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF O	NDIE SVST	EM.				FOR	M SA1-2E. PAGE 5.
Name	OMNI III CABLE TV, INC		EIVI:					SYSTEM ID#
ı	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every non counting pe	network televis	ion program, broadcast by cific present and former F	<i>i</i> a <i>distant</i> stati CC rules, regu	lations, or au	ıthorizations.	For a further
Substitute	explanation of the programmi	ng that mus	t be included in	this log, see page (v) of the	ne general instr	uctions in th	e paper SA1-	2 form.
Carriage: Special	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did you	r cable system	carry, on a substitute ba	sis, any nonne	etwork telev	ision progran	n
Program Log	broadcast by a distant stat	ion?					YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	s "Yes," you m	ust complet	te the progra	m
	log in block 2.			•	·	•		
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Canacolumn 5: Give the monifirst. Example: for May 7 gives Column 6: State the time to the nearest five minutes. Stated as "6:00—6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." s when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "basked cast live, enterestation broadca on's location (thins, if any, the owner your system substitute proprogram carried isted program ons in effect du	rows to the tables. Ision program ("substitute our cable system substitutes. See page (v) of the gestball." List specific program "Yes." Otherwise enter asting the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:0° was substituted for progring the accounting periods.	e program") the defor the program titles, for extending the station is lice a station is lice a station is ide a program. Us reable system 1:15 p.m. to 6: ramming that ad; enter the leteral content is the station of the station of the system is the syste	at, during the gramming of the gramming of the gramming of the gramming of the gramming the gram	ne accounting of another sta er information ove Lucy" or e FCC or, in with the mon mes accurate should be n was require e listed progr	tion n. hth
	· ·	I IDQTITI IT	E PROGRAM		1 1	EN SUBST		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES  TO	DELETION
							_	
						<b>†</b>		
						+		
						+		
						<b>.</b>		
							_	
							_	
							_	
							_	
						†		<del> </del>
						+	_	<del> </del>
						+		
							_	
							_	
						T		
						<b>†</b>		
						+		
						<b></b>		
						<b></b>		
							_	
						<b>†</b>		

Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  OMNI III CABLE TV, INC.	S'	YSTEM ID# 0
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service nount, see	1,175.27 pss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.23
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.23
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	Enter the amount of gross receipts from space K		
	Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		1,319.00	
	S. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	_		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.23	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.23
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF  OMNI III CABLE TV, INC					SYSTEM ID# 0
<b>M</b> Channels	to its subscribers, and (2) to the subscribers, and the subscribers and the subscribers are subscribers.	the cable system's tot of channels on which to in broadcast stations. of activated channels arm carried television to	the cable		counting period.	
N Individual to Be Contacted	INDIVIDUAL TO BE CON- we can contact about this			RMATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name <b>JASON</b>	ANDERSON			Telephone	918-253-4545
	(Number, st	DX 308 226 S 4 treet, rural route, apartmen  K 74346-0308 state, zip)				
	Email	jsanderson@gran	nd.net		Fax (optional 918-253-340	00
	CERTIFICATION (This stater	ment of account must	st be certifie	ied and signed in accordance with Co	pyright Office regulations)	
O Certification	• I, the undersigned, hereby o	ertify that (Check one,	e, but only o	one, of the boxes.)		
	(Owner other tha	n corporation or part	rtnership)	I am the owner of the cable system as	identified in line 1 of space E	3; or
		•	-	tnership) I am the duly authorized ager ot a corporation or partnership; or	nt of the owner of the cable s	ystem as identified
	X (Officer or partn in line 1 of		a corporation	ion) or a partner (if a partnership) of the	legal entity identified as owr	ner of the cable system
		ect to the best of my k		are under penalty of law that all stateme e, information, and belief, and are made		
		<b>-</b>	<b>X</b> /	/s/ JASON ANDERSON		
				ectronic signature on the line above to ce ture using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed na	name:	JASON ANDERSON		
				CE PRESIDENT osition held in corporation or partnership)		
		Date:			08.08.2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2021/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
NI III CABLE TV, INC.	0
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x <b>161</b> _days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

SD	HD		99	1099	DISNEY XD			Total Package (+Expanded)
		Basic Package	100		DISNEY JUNIOR	61		ESPN CLASSIC
2	1002	NBC - KJRH	103		UNIVERSAL KIDS	65	1065	SEC NETWORK
6	1006	CBS - KOTV	107		CARTOON NETWORK	68		BIG10 NETWORK
7	1007	CW - KQCW	115	1115	USA	69	1069	NFL NETWORK
8	1008	ABC - KTUL	116		TBS	82		LONGHORN NETWORK
10	1010	MYNET - KMYT	117	1117	FREEFORM	86		ACC NETWORK
11	1011	PBS - KOED	118	1118	SYFY	110		DISCOVERY FAMILY CHANNEL
18	1018	ION - KTPX	119		BBC AMERICA	113		BOOMERANG
19		TBN - KDOR	120		TNT	125		GAME SHOW NETWORK
21		CTN - KWHB	121	1121	FX	132		THE INSPIRATION NETWORK
22	1022	IND - KGEB	126	1126	A&E	136		LIFETIME REAL WOMEN
23	1023	FOX - KOKI	127		TRUTV	153		DIY NETWORK
24		QVC	131	1131	FXX	156		COOKING CHANNEL
30		BOUNCE TV	134	1134	LIFETIME	158		DISCOVERY LIFE
31		LAFF	135	1135	LIFETIME MOVIE NETWORK	189		GREAT AMERICAN COUNTRY
32		PBS KIDS 24/7	139		OXYGEN	210		AMERICAN HEROES CHANNEL
33		GRIT	140		WETV	211	1211	SCIENCE
34		QUBO	141		OWN	219	1219	DESTINATION AMERICA
35	1035	RSUTV - KRSU	142		HALLMARK CHANNEL	221		OUTDOOR CHANNEL
36		COZI TV	143	1143	HALLMARK MOVIES & MYSTERIES	223		RURAL FREE DELIVERY TV
37		COMET	147		E!	260		FLIX
38		NEWS 6 NOW	152	1152	HGTV	264		TCM
39		COURT TV MYSTERY	155	1155	FOOD NETWORK			
40		HOME SHOPPING NETWORK	167	1167	BRAVO			
41		CREATE	191		THE WEATHER CHANNEL			
42		OETA	192		CNN			Premium Packages
43		C-SPAN	193	1193	FOX NEWS CHANNEL	340		STARZ
44		C-SPAN2	194		FOX BUSINESS NETWORK	344		STARZ KIDS & FAMILY
45		HEROES & ICONS	195	1195	CNBC	350		STARZ INBLACK
46		C-SPAN3	196		NEWSMAX	352		STARZ ENCORE
50	1050	WGN	197		HLN	354		STARZ ENCORE BLACK
58		BYU TELEVISION	199	1199	MSNBC	356		STARZ ENCORE SUSPENSE
59		EWTN GLOBAL CATHOLIC NETWORK	205		FYI	362		STARZ ENCORE CLASSIC

70		TENNIS CHANNEL	206	1206	HISTORY CHANNEL	364	STARZ ENCORE WESTERNS
			207		VICELAND		
		Expanded Basic Package (+Basic)	212		INVESTIGATION DISCOVERY	375	SHOWTIME
60	1060	ESPN	213	1213	TLC	377	SHO2
62	1062	ESPN NEWS	215	1215	ANIMAL PLANET	379	SHO SHOWCASE
63	1063	ESPNU	216		NATIONAL GEOGRAPHIC WILD	387	SHO BEYOND
64	1064	ESPN2	217	1217	NATIONAL GEOGRAPHIC CHANNEL	391	TMC
66	1066	FOX SPORTS 1	218	1218	DISCOVERY CHANNEL	393	TMCXTRA
67	1067	FOX SPORTS 2		1220	MOTORTREND		
72	1072	NBCSN	240	1240	TRAVEL CHANNEL		
74		GOLF CHANNEL	265		AMC		
98	1098	DISNEY CHANNEL	266		FX MOVIE CHANNEL		
			268		IFC		